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MEDICAL NEWS.

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CLINICS.

CLINICAL REMARKS.

Clinical Remarks on Nutritional Affections Consecutive to Neuralgia of the Fifth Nerve. By Dr. ANSTIE.—The secondary affections which occasionally occur in the course of neuralgia have attracted much notice of late years. With regard to neuralgias of the fifth cranial, more especially, it has been proved that these remote effects of what is usually considered as "functional" disorder of the nerve, may involve very serious consequences to the organ to which its branches are distributed. These possible sequelæ have been summed up in Dr. Anstie's second Lettsomian lecture, recently published in this journal. Among them is one affection which has never previously been formally described, so far as we are aware, as a consequence of neuralgia—viz., erysipelas; or rather it would be more proper to say, that the susceptibility to the erysipelatous influence (whatever that may be) has been shown to be greater in tissues supplied by a neuralgic than by a healthy nerve.

In the out-patient room at Westminster Hospital, a woman, aged sixty-three, recently presented herself, in whose case the erysipelatous complication was strikingly illustrated. An attack of neuralgic pain, strictly limited to the auriculo-temporal and supra-orbital branches of the fifth cranial nerve, had been produced by exposure to cold wind. The neuralgia, at the time of observation, was of ten days' standing; but the complaint for which the patient more particularly sought relief was an erysipelatous inflammation very accurately limited to the district occupied by the ramifications of these nervous branches. The phenomena were characteristic of intense neuralgia. Thus there were intense photophobia and lachrymation in the eye of the affected side. The history of the patient disclosed the fact

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that more than one former attack of neuralgia in the same region had been similarly complicated with erysipelatous inflammation. Another symptom, which was also held to be secondary to the neuralgic affection, was painful thickening of the periosteum of the malar bone, at a point to which the erysipelatous inflammation did not extend.

Dr. Anstie remarked that in this case were illustrated several of the most remarkable occasional consequences of neuralgia, or rather of altered dynamic nerve-status of which neuralgia is one expression. The fifth cranial nerve includes not only fibres destined to subserve common and special sensation, but also fibres which govern the calibre of vessels, and others which preside over the nutrition of tissues, and the secretion from glands. In a certain number of cases of neuralgia, not merely the sensitive, but also the vaso-motor and the nutritive fibres are influenced by the depressing cause which produces the neuralgic pain. The effect on the vaso-motor fibres produces, ordinarily, at least one result—congestion of the conjunctival vessels, and, more rarely, such an intense congestion of the vessels of the skin as (with the conjunction, probably, of some septic influence upon the blood) is sufficient to determine erysipelas. The nutritional changes which may be produced in tissues supplied by a neuralgic fifth nerve are very numerous. The present case supplied an example of one of them in the painful thickening of the periosteum immediately surrounding the tissue of the malar branch of the nerve. Occasionally, however, we meet with cases in which the cycle of changes secondary to neuralgia of the trigeminus is much more completely illustrated, and such an instance had recently come under Dr. Anstie's notice in a patient to whom Mr. Ernest Hart had called his attention.

M. W———, a woman aged forty-two, well nourished and healthy-looking, married, and had one child. She had never suffered from any serious ailment, with the exception of an illness about five years previously. On this occasion she was attacked with facial erysipelas very accurately limited to the right half of the face. Five months before coming under notice she sustained a severe mental shock from being thrown out of a chaise, without (so far as could be ascertained) suffering any physical damage whatever. An hysterical tendency, which she had always possessed, became more marked; it revealed itself by palpitations, occasional dysphagia, and a disposition to weep causelessly. The menses were flowing at the time of the accident; they ceased abruptly soon after it: they had been scanty for some time before the accident, and they did not reappear till four months after it. The hysteric disturbance progressively increased for a fortnight subsequent to the accident, when the patient was suddenly attacked with violent neuralgia, commencing in the eyeball, and spreading over the district supplied by the first and second divisions of the fifth nerve. The pain was accompanied by intense conjunctival congestion and photophobia; it lasted on the first day fourteen hours, and returned daily for the next fifteen or sixteen days. An attack of erysipelas, strictly limited to the district of the painful nervous branches, then set in. From this moment the neuralgic attacks became less frequent and less severe. A second similar onset of erysipelas occurred three or four weeks after the first. Finally the neuralgia disappeared about four months after its first occurrence, and the menses reappeared in tolerable abundance about the same time. About a fortnight before this the patient had discovered that her right eye was dim: as the photophobia had previously disabled her from opening the eye, she cannot be sure that this was the real beginning of the dimness.

The eye was examined carefully by Mr. Hart. The cornea was blurred by a rather large patch of interstitial lymph, with the remains of a superficial ulcer in its centre; the iris was turbid and discoloured, showing traces of recent, but past, inflammation; the pupil was regular in form, and active to light. Ophthalmoscopic investigation could not be satisfactorily carried out, owing to the state of the media. The conjunctiva was slightly congested. In place of the lachrymation which had prevailed during the neuralgic period, there was a remarkable insensibility of the lachrymal apparatus; for the patient had observed that the smell of onions had no effect on the lachrymal gland of the affected side, while that of the other side was provoked by it to intense lachrymation.

The family history of this patient is most

remarkable. All the members of her mother's family for two generations had died at middle age, either from apoplexy or from some disease involving hemiplegia.

Dr. Anstie remarked that it was hardly possible to come to any other conclusion than that both the erysipelas and the nutritional lesions of the eye had sprung, in this case, from an adynamic condition of the fifth cranial nerve. And it was to be remarked that the family history was suggestive of a strong organic tendency to lesions of the nervous centres. It was at least probable that the constant morbid element in the case was a defective nutritive nisus in that part of the medulla oblongata corresponding to the roots of the right trigeminal nerve, and that the exciting cause of the whole series of morbid phenomena in the recent illness was the influence of mental shock upon the faulty nervous tissues existing at this point.—*Lancet*, Nov. 17, 1866.

HOSPITAL NOTES AND GLEANINGS.

Excision of Shoulder-Joint.—The following case, although the operation was performed at King's College Hospital some time ago, we think right to publish, as showing the valuable result of a somewhat formidable operation. We have lately had an opportunity of seeing this patient, who is in perfect health, and has an almost incredible amount of use in the upper extremity:—

Alfred L., aged 30, was admitted into King's College Hospital June 20, 1861, with disease about the shoulder-joint—a tall, well-made man, spare; his family healthy. About twelve years ago he fell on his shoulder. Of this he took no notice, and enjoyed free motion of the joint, and no pain in it except during a change of weather. This pain seemed to be the only remnant of the pain complained of. He was struck by a cricket ball in the fourth or fifth rib about nine years ago. Within the last twelve months he has suffered more severely, and a little nodule appeared at the posterior border of the axilla, eventually becoming painful, the extent of motion in the joint diminishing. At length it broke of its own accord, and in its site is situated the main sinus. Another sinus comes down to within two inches of the insertion of the deltoid. These sinuses run up to about the outer third of the spine of the scapula. The muscles are much wasted about the joint. He has considerable motion left, and pushing the humerus against the scapula gives him but little pain. A probe detects dead bone in the locality specified.

He was discharged for a short time, and applied poultices during the time he was away.

On July 30, two abscesses, which had formed lower down in the arm, were opened. Shortly after this Sir W. Fergusson, determining to make an examination of the joint under chloroform, his health being much improved, opened up some of the chief sinuses, and found that one of the lower ones ran into the joint. He then cut across the deltoid by a lunated incision, and, opening the joint, turned out the head of the humerus and sawed it off. The coracoid process being diseased, this was also removed. The head of the humerus was necrosed; the glenoid cavity sound. There was very little hemorrhage; the wound was stitched up, and wet lint applied, and the arm bandaged to the side.

By November 2, the back part of the wound had united: but there was some tendency to gape in the anterior part. The wound healed very readily, and he had no bad symptoms, with the exception of being unable to pass his water for two or three days after the operation; but this difficulty soon passed off.

He was well enough to get up December 4, and when he was discharged December 23, the wound had entirely healed, there being a very slight discharge from the lower part of it.

Since his discharge he has been two or three times to the hospital in perfect health, and with a great amount of power in the arm, and very little disfigurement to the shoulder.—*Med. Times and Gaz.*, Nov. 24, 1866.

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Treatment of Typhus Fever by Tea.—Dr. T. W. Grimshaw, one of the Physicians to Cork Street Hospital, Dublin, relates (*Medical Press and Circular*, Nov. 14th, 1866) *thirty-three* cases of typhus fever, of which number 21 cases were successfully treated by tea, without any other internal remedy of importance; and some of them were of a severe character. "Case 1 got a

little wine, but not sufficient to be considered as having any effect on the result of the case. Of the remaining cases, Case 23 got ten ounces of wine for a few days, but the quantity was immediately lowered; Case 24 got ten ounces of wine, for one day only, after which it was quickly reduced. In Case 25 the tea was found to disagree, and had to be discontinued; in Case 26 only a small quantity, four ounces of wine daily, was given. Case 27 got ten ounces of wine for one day, but it was also rapidly reduced. Case 28 got large quantities of wine, but this was a remarkably severe case. Thus we have six cases treated with wine and tea both, but in most of these cases only a small quantity of wine was given. Cases 29, 30, 31, and 32 got hot whiskey in addition to the wine and tea, the two former on account of the peculiar condition of the cases; the two latter on account of complications arising during their progress; but even in Case 30 the wine and whiskey given were not in any great quantity. Case 33 is the only case of typhoid I have had an opportunity of trying the tea treatment upon, and, of course, being a single and not very severe case, the results are not sufficient to found any conclusions upon.

"On the whole, the cases detailed, although not very numerous, show unusually favourable results in the treatment of fever, only one death having taken place in thirty-three cases. The success attendant upon the treatment is, I think, quite sufficient to justify the further trial of tea as a remedial agent in typhus and allied diseases.

"I do not by any means wish to affirm that tea, and tea alone, will be found a "specific for fever," and that all cases can be successfully treated with it as a single remedy, but I believe that *many* cases can be so treated, although many others will require other remedies of a more powerfully stimulating nature. Tea will also be found to be a valuable adjunct to other remedies, as has already been shown by other observers.

"I at first thought of employing caffeine, the active principle of tea and coffee, instead of infusion of tea, but found it too expensive and difficult to procure for use in hospital practice. I believe that a fluid extract of tea, deprived of its astringent matters, will be found the most convenient, and at the same time cheapest mode of administering tea as a therapeutic agent."

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Medical Recollections of the Army of the Potomac.—The *Lancet* for Dec. 8th contains the following highly complimentary notice of this interesting work by Dr. Jonathan Letterman, Medical Director, which we conceive to be so well deserved that we take pleasure in transferring it to our columns.

"This little volume is not, what its modest title would lead us to expect, a running sketch of scenes and incidents such as are likely to come under the observation and engage the attention of a surgeon during a sanguinary campaign. It is a book full of practical instruction for all who are interested in the study of sanitary laws, but chiefly for those who are professionally concerned with the health of armies. The book, in placing before us a concise but comprehensive view of the ambulance and field hospital system of the armies of the United States, shows us the mode by which that system was organized and perfected. Dr. Letterman made his observation of marching and battle his guide in organizing it, and has attained the success which is more sure to attend systems and rules founded upon actual trial and continued use than those based on the best conceived theory devoid of experiment. A wasting army is rescued from the ravages of disease by enforcing a few sanitary rules; the battle-field is deprived of a great part of its horror by ample and effective provision for the wounded; a worse than inefficient medical department, as that of the United States without question had been, is transformed suddenly into a most serviceable medical corps—all this by the administrative ability of one man. Three months are sufficient to show the salutary effect which the enlightened judgment and practical skill of one man had upon the condition of one hundred thousand of his fellow beings. The lesson, it is to be hoped, will not be lost upon those who control the armies of different nations, and who unhappily often ignore the counsel of those whose advice should be law when the health of troops is concerned. Surgeons Hammond and Letterman have placed on a lasting basis the respect and authority of the medical department of the United States armies. Surgeon Hammond amply pro-

vided for the drain of the vast armies by his grand system of general hospitals, which elicited the admiration of the profession throughout the world. Surgeon Letterman has conferred a more durable benefit on the army by devising so thorough a system for field service, one which Congress has wisely incorporated into the military organization of the United States. The reader will consult the volume itself as the best exponent of what is merely intimated in this brief notice. The book would have been more creditable to the publishers if it had been better 'got up.'"

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Medical College of Virginia.—Dr. Samuel Logan, formerly Demonstrator of Anatomy and Adjunct Professor of Surgery in the Medical College of South Carolina, has been appointed Professor of Anatomy in the Medical College of Virginia in place of Dr. A. E. Peticolas, resigned.

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Chicago University.—Dr. Jonathan W. Brooks has been appointed Professor of Anatomy, Physiology, and Hygiene in this Institution.

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Insane Department of the Philadelphia Hospital (Almshouse)—Dr. David Richardson, late Resident Physician at the Northern Dispensary, has been elected Physician-in-chief to the Insane Department of the Philadelphia Hospital.

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Hardy on Diseases of the Skin.—Dr. R. P. Hunt, of Louisville, writes us that he has in preparation a translation of the complete works of Hardy on Diseases of the Skin, to be ready, if possible, by the beginning of the present year (1867).

CHOLERA.

On Certain Points in Connection with Cholera.—Dr. Fuller, in a paper read before the Western Medical and Surgical Society, began by expressing his belief that the outbreak of cholera which had occurred this year was only the prelude to a more severe and general epidemic of the disease next year. He grounded his opinion on the fact that in former epidemics the force of the malady had not been felt until the second year, and that although its influence had this time been chiefly in certain districts, still sporadic cases have shown themselves over the whole metropolis, and notwithstanding the cold weather it has spread over the whole kingdom in some cases with great malignancy; hence he drew the inference that the seeds of a virulent form of cholera are widely sown, and only require a certain atmospheric condition to develop it into an epidemic. Concerning the various theories of cholera, Dr. Fuller believes that the existence of a distinct *materies morbi*—a cholera germ, probably of fungoid origin—is alone capable of explaining the facts of cholera, such as its occasional sudden outbreaks, over at times a vast extent, over at others one of small area; its predilection for low and unhealthy localities; the immunity of localities above a certain level; the differences in its period of incubation; its uniformity of duration as an epidemic in any locality; its spread at times with, and at times in the teeth of, the wind; and also its apparent communicability by contagion in one case and not in another. He showed also how forcibly the experiments of Drs. Salisbury, Flint and others in America pointed to the fungoid origin of ague and other en- and epi-demic diseases, which researches render it probable that all so called zymotic epidemics have a fungoid origin. Dr. Fuller then, from well attested facts, argued the question of the contagion of, and of quarantine for, cholera. With but few exceptions, experience shows us that, in the vast majority of cases, cholera does not evince a contagious character. The admitted failure of quarantine to arrest its progress is to the point. The sudden way in which a town may be affected without the disease being traceable to any human agency of contact, and the way ships may be attacked which have not touched land for weeks, shows how the atmosphere may be the means; also how one town may be full of cholera very near another which has none, notwithstanding hourly communication of people between them. Quarantine will not, therefore, stop cholera when due to an epidemic state of the air, nor will it when not due to that state of air; for cholera has no tendency to spread when proper sanitary precautions are observed. Dr. Fuller then proceeded to discuss the influence of sanitary arrangements in case of cholera, and chiefly dwelt upon the agency of water. It is impossible

to doubt the influence of defective drainage, of the emanations from sewers, gaseous exhalations from all kinds of decomposing filth, of impure water, of overcrowding, bad ventilation, and all other agencies of that kind, in promoting the spread of the disease; nor can any one doubt but that intemperate habits, deficiency of food, depressing passions, etc., do so likewise, partly by lowering nervous power, and so lessening the resistance of the system to its poison, and partly by giving rise to a congenial nidus for the development of the cholera germ. Great praise is therefore due to all those who have exerted themselves in promoting sanitary measures during this epidemic, such as removing nuisances, procuring pure water, good ventilation, etc. All these measures will diminish the spread and the severity of the disease, but will not always attack the true cause of cholera. According to some, cholera is alone due to defective drainage, to others alone due to the water supply, but trustworthy cases have shown how some people have had the cholera never having drunk of the accused water. According to Dr. Fuller's experience, foul water acts, not by introducing the excreta of cholera patients, but as a vehicle for taking in the *materies morbi* it has received from the air, and also by lowering the system through its power to derange the stomach, etc. A purer water supply, as also other preventive sanitary measures, do good in some ways; but, however good, they have little if any influence in checking the progress and duration of the disease. The decline of the disease is often attributed to these so-called preventive measures, rather than, as it ought to be, to the natural decline of the disorder. The natural history of cholera shows that, as an epidemic, its duration is usually limited to three or four months, nor has stamping out diminished this period. The essential cause of cholera must be sought for elsewhere than in neglect of hygienic measures.—*Medical Times and Gaz*, Nov. 21, 1866.

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Successful Injection of Warm Water into the Veins in Cholera.—M. Lorain read, at a recent meeting of the Académie des Sciences, an interesting account of a case of cholera in which he had injected water into the veins with success—the patient having been pronounced by all the physicians who saw him in the most hopeless state. Of robust constitution, he was brought into St. Antoine on September 29, at eight in the morning, having had twelve rice-water stools and vomiting the night before. On admission he presented all the symptoms of the first stage of algide cholera—cramps, chills, general cyanosis, total suppression of urine, loss of voice, absence of pulse, excessive dyspnœa, and extreme prostration. The temperature of the mouth was found to be 32° C., of the axilla 34°, and of the rectum 37.6°. He weighed seventy-one kilogrammes. By the evening everything had become worse. He could neither move nor speak, and the pupils ceased contracting in the presence of light. He was in fact quite insensible; and when lifted on the bed for the purpose of making the injection he exactly resembled a corpse. The dissection necessary to expose the vein was quite unperceived by him. By means of a glass pump 400 grammes of water at 40° C. were injected at 5.30 P. M., the first result perceived being a stronger pulsation of the heart, although the pulse could not yet be perceived; the next result observed was that the respiration became deeper and less oppressed; and the third was an elevation of temperature—a thermometer, kept in the mouth, which before the operation marked 26.8°, ten minutes after its completion indicating 30°. Lastly, immediately after the operation the patient complained, with a feeble voice, that he was thirsty. At 8 o'clock he was asleep, breathing quietly, the skin being moist and recovering its warmth. At 11 o'clock the thermometer in the axilla had risen from 33.8° to 34.8°, the patient having then become restless and vomited abundantly. By the morning of the 30th he was able to rise and sit in a chair, the pulse still, however, remaining insensible, and no urine having reappeared. The thermometer indicated 35.9° in the mouth, 34.6° in the axilla, and 37.8° in the rectum. The weight of the patient had increased by 450 grammes, as he now drank more than he excreted. The patient continued to improve, and on October 2 he passed a litre of urine, his temperature having risen to 36.8° in the mouth, 36° in the axilla, and 37.2° in the rectum. By means of the sphygmograph a regular tracing of his pulse was obtained, indicating strong tension and normal impulse. He left the hospital on

October 8 quite convalescent, and eventually entirely recovered.—*Med. Times and Gazette*, Dec. 8, 1866.

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International Conference on Cholera.—"The great preventive scheme of the Conference on Cholera that met at Constantinople," remarked Dr. Jenner, in his inaugural address as President of the Epidemiological Society, "was strict quarantine, especially between India and Europe—a most vexatious, most costly, and most impracticable scheme." "Neither practicable nor rational," was the terse and forcible expression with which Dr. Farr ended the discussion and summed up his opinion of this scheme at the meeting of the Epidemiological Society on Monday last. In terms not less strong did Dr. Milroy and other members characterize the infeasibility of the recommendations of the Conference for the protection of Europe from future invasions of cholera. And it would appear from the clear and comprehensive account of the proceedings of the Conference submitted by Dr. E. Goodeve to the Society, and which formed the basis of the discussion, that the British Medical Commissioners in the main dissented from these recommendations.

The objections urged against the great scheme of quarantine suggested by the Conference for the purpose of raising a barrier against the transmission of cholera from India to Europe (resting these solely upon its inherent worth) are very cogent. Foremost is the question of expense. Dr. Jenner holds that, so far as this country is concerned, its hygienic condition might be so greatly improved, at a much less cost, as to prevent the spread of cholera, even were its zymotic element constantly among us. And he further urges, as giving additional weight to this consideration, that the improvement in our hygienic condition to such a degree would not only prevent the spread of cholera, but diminish the mortality from almost every other preventable disease. This argument, however, applies equally to every European country, and with scarcely less force to the delta of the Nile, and the sacred land of Mohammedanism—the Hedjaz. It may be extended also, almost unweakened, to the focus of epidemic cholera, British India. This has been clearly shown by the effect of recent sanitary measures there. The danger to the public health arising from the Hindoo religious festivals—the chief hot-beds of cholera—may be obviated by a systematic sanitary regulation of the places where they are held and of the crowds of devotees which attend them. Conjeveram, the scene of a celebrated festival, and long a persistent centre of choleraic infection of the surrounding country from the ebb and flow of vast numbers of pilgrims, has, under the energetic measures of the Madras Presidency Sanitary Commission, been purified, and subjected to strict sanitary rule, with the happiest results. Two, if not three or more, festivals have already passed without an explosion of the dreaded epidemic. This fact, the importance of which, in its bearing upon Indian sanitation and the restriction of cholera, was urged in the discussion of Monday night last by Dr. A. P. Stewart, does not stand alone. Dr. E. Goodeve at the same time supplied a still more striking exemplification of the efficacy of hygienic measures in India. There are, he stated, in the Bombay Presidency ninety-four shrines to which pilgrimages are made. In the past year, for the first time, these shrines and the devotees frequenting them were subjected to sanitary control. The result was remarkable. At two only of the shrines did cholera appear, although the disease was far from being inactive among the native population of the Presidency.

Dr. Goodeve holds, and in this belief he is supported by his brother Commissioner at the Conference, Dr. E. Dickson, that the persistence of cholera in India is owing, not to any peculiarity of soil, but to the continued transmission of the disease under unhealthy conditions singularly favourable to such transmission, engendered by man, and admitting of remedy. He believes that this theory of the permanent repetition of the disease is most in accordance with the facts of its prevalence as observed at the present day; and that it offers less difficulty to acceptance and is more fruitful in practical consequences than the vague theories of spontaneous generation.—*Lancet*, Dec. 8th, 1866.

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Cholera in Scotland.—In 1832, epidemic cholera broke out in Scotland towards the end of January, and then followed the law which seems to regulate its progress in all the warmer countries of the continent—viz., increased with the rise of temperature,

proved most fatal in the autumnal months, and died out in December. In its subsequent attacks, however, it followed in this country a different law—the law which seems to regulate the spread of fever and most of our epidemics—viz., it first manifested itself in the autumn, as the weather began to cool, increased with the fall of the temperature, and died out in spring on the advent of the warm weather. It is well to be aware of these facts, lest we commit the mistake of trusting that the cold weather will arrest its course, while we neglect to employ those sanitary means which science has proved materially check its ravages.—*Scottish Registrar-General's Report.*

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Cholera Statistics in Austria.—The *Wiener Med. Presse* says that it results from authentic reports that the number of cholera cases which occurred in the Austrian Empire from its outbreak at the beginning of July to the middle of October amounted to. in round numbers, more than 200.000, nearly 100,000 proving fatal. These cases were distributed as follows in the various provinces: Lower Austria, 21,595, with 12,625 recoveries and 7971 deaths; Vienna, 7443, with 2493 recoveries and 3242 deaths; Bohemia, 37,597, with 17,716 recoveries and 17,570 deaths; Moravia, 67,192, with 33,735 recoveries and 27,624 deaths; Silesia, 2835, with 1421 recoveries and 1063 deaths; Bukowina, 8552, with 4116 recoveries and 3805 deaths; Lemberg, 19,809, with 7730 recoveries and 9737 deaths; Coast Districts, 1166, with 432 recoveries and 637 deaths; Carinthia, 1087, with 388 recoveries and 430 deaths; Hungary, 48,845, with 20,470 recoveries and 21,556 deaths. The discrepancies of the numbers are explained by the number of cases still under treatment when the report was made up.—*Med. Times and Gazette*, Dec. 8, 1866.

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"Strikes" and the Cholera.—It would appear that the workmen in the iron trade have taken all their measures and are prepared to wage a desperate war with capital during the winter months. It is not for us to dilate upon the politico economical aspects of the strike, but we may fairly draw attention to one fact of considerable import to a large number of our professional brethren.

Cholera has not yet left our shores. According to the most recent accounts it has assumed a very threatening appearance in numerous northern towns. It is not at all improbable that the districts where the men are on strike may have to endure the additional calamity of an outbreak of cholera. Are the leaders of the trades-unions prepared to invite the epidemic? They will argue that the men on strike will be supported by the unions as well as by their earnings, but has this ever been the case! We know by experience that strikes bring want in their wake, and that hunger and distress afford food to disease, especially to epidemics. When these calamities are upon them, we know also that the men will turn instinctively to our profession for aid, and our brethren will devotedly labour to alleviate the pain and distress around them. The sufferers will be unable to pay, and thus another item will be added to the huge debt of the people to the medical profession. Nevertheless, it is a hard thing that the doctor, who devotes all his energies to the emergency and often sacrifices his life to the calls of humanity, should be left unrequited—that, as too frequently happens, at his death he should leave his wife and family unprovided for. If the trades-unions support hundreds of men in idleness, they might as well devote part of their funds to the payment of their members' doctors' bills.

We do not suppose our suggestion will be adopted. The doctor is only appreciated at the moment his services are wanted. But we beg to ask the supporters of those strikes, which bring us so much misery, what would be the consequence if the medical men united in a similar manner and refused to attend any man on strike until they had received their fee?—*Med. Press and Circular*, Nov. 7, 1866.

FOREIGN INTELLIGENCE.

Death from Chloroform.—A death from chloroform occurred at Birkenhead on Thursday week last. The patient was a boy named Hughes, and the operation that was to be performed was lithotomy. The death took place previously to the performance of the operation, the boy ceasing simply to breathe, and the action of the heart ceasing almost at the same moment. The chloroform was administered with every care, and there

was nothing in the condition of the patient to indicate special danger. The jury returned a verdict of Death from chloroform, with an intimation that the anæsthetic "had been properly administered."

This case is very remarkable, owing to the youthful age of the deceased. It has been almost accepted as proven that if moderate care be employed persons under 14 years can hardly be exposed even to risk by chloroform inhalation. The fallacy of this view is now proved by a sad experience, and that which was thought to be a sequence is shown to be a coincidence. If the truth be told, neither in this fatal case, nor in the fatal case at Bristol, where the radial artery was about to be tied, need chloroform have been administered at all; unless it be proved that local anæsthesia would not have afforded every requirement for a painless procedure.—*Med. Times and Gaz.*, Nov. 24, 1866.

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Inoculability of Tubercle.—In the *Gazette Hebdomodaire* we have a continuation of M. Villemin's researches as to the inoculability of tubercle. In rabbits he has again and again succeeded in reproducing it in this manner, not only when taken from the human subject, but still more rapidly when derived from the cow; further, the tubercular matter thus produced in one rabbit could be in like manner transmitted to another, in the same way as syphilis.—*Ibid.*

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Absorption by Wounds.—M. Demarquay read to the French Academy of Medicine a paper on this subject, of which the following are the chief conclusions: 1. A substance which is soluble in water, like iodide of potassium, when applied to a large denuded surface is rapidly eliminated by the saliva. 2. Applied to a recent wound, the presence of iodine is recognized in the saliva in a period of time which varies between 60, 30, 19, and 15, minutes. 3. When wounds are completely organized they possess great absorbing power, so that at the end of 10, 8, 6, or 4 minutes, and even less, very evident traces of iodine are found in the saliva. We may therefore ask whether the septic element which gives rise to puerperal fever or erysipelas may not be absorbed by the wound itself. 4. In that dangerous complication of wounds known as purulent infection, may we not suppose that this absorbing power, which has hitherto been so little investigated, plays a considerable part, and will it not explain some of the phenomena generally attributed to phlebitis? 5. Iodine injections thrown into the cavities of abscesses or cysts are rapidly absorbed, elimination having been proved to have commenced in in a period varying from 45 to 3 minutes. 6. When these injections are employed in too great quantities or too often repeated, harm may result from the incessant introduction of iodine into the system. 7. Iodine introduced by these various means is generally eliminated by the saliva and urine in from 4 to 5 days.—*Med. Times and Gaz.*, Nov. 24, 1866.

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Wounds of Rifle-Bullets in Battle.—There is in the museum of the Army Medical Department a very interesting specimen of a bullet, connected with the wound of the head, and exhibiting nearly one complete turn on its long axis after it had been thus caught or lodged. This bullet, a Russian conical rifle bullet, has been divided in its deadly course by an oblique slit from the apex or tip to the base; and the two divided parts are only held together by a narrow isthmus of lead at one of the angles of the base of the section. But that is not all; this isthmus, or connecting strip is twisted round itself like a piece of cord, carrying with it the thinner section of the bullet, or that section which was most easily acted upon by the twisting force. There are ridge and furrow lines on the separated surfaces of the bullet, and they are contorted from the right to the left, indicating the direction towards which the rotary force of the projectile had modified the direction of the bisecting force. Here we have the demonstration of the influence of the spinning property of a rifle bullet in motion, first detected we believe by Professor Longmore. The general conclusions drawn by Mr. Longmore are, if elongated projectiles, such as the Whitworth bullets, were substituted for the Enfield: First, that the number of head and trunk wounds would be greatly increased; the amount of increase being proportional to the velocity and lower trajectory and greater hardness of the Whitworth hexagonal projectile. Secondly, that of these wounds a greater proportion than now usually happens in war would be attended with fatal results on the field of battle. Thirdly, that there would be, in like pro-

portion, a greater number of fractures of bones, as well as of flesh wounds of the extremities, but the comparative degree of severity of these can hardly be stated without further experience.—*British Med. Journ.* Oct. 27, 1866., from *U. Service Magazine.*

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Effects of the Heat Rays on the Eyes—Modifications in Telescopes, &c.—Our contemporary, "Cosmos" (p. 275), describes a modification which might be adopted in telescopes, and even microscopes, with advantage—the calorific or heat rays being extremely dangerous when viewing such bodies as the sun. M. Foucault proposes to take advantage of certain properties possessed by certain metals of arresting the calorific rays, and of letting the luminous rays pass. Silver deposited by chemical process possesses this property in a high degree. The objective of the telescope is covered with a layer of this metal. The editor of "Cosmos" says that you obtain, by the use of such an instrument, an image perfectly clear, agreeable to the eye, and one which produces no fatigue. The image is exactly similar to what you would obtain by the use of a violet glass.—*Med. Press and Circular*, Nov. 21, 1866.

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On Some Sugars.—M. Fudakowski says that sugar of milk is a mixture of two distinct glucoses. After boiling with diluted sulphuric acid for an hour, neutralizing with chalk and filtering, and then evaporating to a syrupy consistence, the addition of alcohol determines the formation of crystals, right prisms. The mother liquors left to themselves for some weeks give hexagonal tables as described by M. Pasteur. The sugar, crystallized in hexagonal tables, is more soluble in alcohol than the prismatic sugar. Its taste is sweeter, and it ferments more easily. The rotary powers of these two sugars are different. It, therefore, appears that the sugar of milk, like the cane sugar, separates, after ebullition with acids, into two distinct kinds.

M. Dehn (*Zeitschrift fur Chemie*) gives an account of a sugar formed by boiling a glucoside (hesperidine) with diluted acids. Hesperidine is left in the residues after distilling the essence of neroli from the flowers of citrus decumana. Two or three products are described under the name of hesperidine—vide "Watts' Dictionary of Chemistry."

The sugar of hesperidine is very soluble in cold water, and in all proportions in boiling water. The syrup, left to spontaneous evaporation, takes after a little time a radiantly crystalline mass. It is very soluble in alcohol.

It has the formula $C^6H^{14}O^6$.

It does not reduce Fehling's solution (sulphate of copper, tartrite of potash, and soda). This sugar is, from its composition, an isomere of mannite. Its solution is able to turn the plane of polarization to the right.—*Med. Press and Circular*, Nov. 21, 1866.

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Description of the Electrical Room in the National Hospital for the Epileptic and Paralyzed.—At a recent visit to this hospital, we took the opportunity of examining carefully the electrical room, which is a model of its kind, and of which some account may be interesting to our readers. It is, we think, the only room of the sort in English hospitals which justly represents the present condition of electrical science as applied to medicine. There is reason to hope that the movement initiated here is being taken up by other metropolitan hospitals. The room in question owes its origin to the earnest desires of the physicians (Drs. Ramskill. Radcliffe, Sieveking, Russell Reynolds, Hughlings, Jackson, and Bazire) to give to their patients every possible and probable advantage to be derived from science. Their desires have been ably carried out by the medical superintendent, Mr J. N. Radcliffe, who is also the medical galvanist of the hospital, and who is responsible for the electrical arrangements.

It may be premised that among medical electricians the term *galvanization* has been adopted to indicate the application of the *continuous current; faradization*, the application of *induced currents;* and *electrization*, the application of *franklinic* or *static electricity*. But the latter term is also used as a general term, including all the different forms of application.

The electrical apparatus used for medical purposes at the National Hospital for the Paralyzed and Epileptic may be thus briefly described:—

1. *Galvanization.*—A Muirhead's battery of 100 cells, arranged especially for medical use by Messrs. Elliott, Brothers. This form of battery is the one chiefly in favour

for telegraphic purposes in this country. As used at the National Hospital it is charged with a saturated solution of sulphate of copper and simple water. Thus prepared for action, it gives off a large quantity of electricity of low tension; acts efficiently and without need of recharging for three months; and thus far would appear to satisfy the principal requirements of electro-therapeutics when the continuous current is in question. The cells are grouped in fives up to eighty, the remaining twenty being arranged in two groups of ten, and by an ingenious device any number of the cells thus connected can be brought into play without altering the position of the conducting wires.

2 *Faradization.*—The instruments used for faradization are of two kinds—those placed in action by a voltaic cell or cells; and those in which a permanent magnet is the exciting power. The former are known as volta-electric instruments, the latter as magneto-electric. The *volta-electric* instrument chiefly used at the National Hospital is Stöhrer's, of Dresden. This instrument, from the peculiar construction of its cell, has the following important advantage over other instruments of the same class: (1) it is constantly ready for use; (2) it requires recharging, on an average, once only every three months. For hospital purposes, and where electricity is frequently used in practice, this instrument is unrivalled.[1]

In addition to Stöhrer's instrument, Mr. Radcliffe uses under special circumstances Duchenne's large induction apparatus. A modification of this apparatus, less cumbersome than the original, but equally effective, has been made for him by Mr. Pratt, of Oxford-street. This instrument is set in action by a single Grove's cell.

The *magneto-electric* instruments used at the National Hospital are Gaiffe's, Duchenne's, and, under some circumstances, the form of instrument commonly known as the American.

3. *Electrization.*—For franklinic or static electricity a two-foot plate machine is used. In addition to the ordinary insulating stool, an ingenious method of insulating a sofa or bedstead (devised, we believe, by Dr. Radcliffe) is adopted.

This brief description conveys a very imperfect notion of the arrangement of the electrical room and the beauty of the instrument. A correct knowledge of both the former and the latter can only be acquired by a personal inspection; and it may be useful to mention, for the sake of those who are interested in this important subject, that the periods especially devoted to electro-therapeutics at the hospital are the afternoons of Monday, Tuesday, Wednesday, and Friday.

At the time of our visit we saw several most interesting cases, and had the opportunity of watching the measures adopted by Mr. Radcliffe in carrying out two systematic series of observations of special moment. The first referred to the practical application of the electro-therapeutical principles laid down by Dr. Radcliffe in his lectures delivered at the Royal College of Physicians, and since published;[1] the second, to the use of the *interrupted galvanic current* (of the continuous current battery) in certain forms of paralysis, as yet little understood.

Of the first series of observations, although full of promise, it would be premature to speak. It is too early to estimate the results of the treatment carried out on Dr. Radcliffe's principles in the cases we observed.

Of the second series of observations something definite may be said. Baierlacher, Schulz, Meyer, and Ziemssen have placed on record cases of complete paralysis of the portio dura, in which, while there was entire absence of electro-mobility of the muscles of the affected side when tested by an induced current, energetic contraction of the muscles occurred under the influence of the interrupted galvanic current. Further, it was observed that in proportion as involuntary power and susceptibility to the excitation of an induced current were gained in the paralyzed muscles, the influence of interrupted galvanic current declined. These facts, Ziemssen pointed out, suggested a series of important questions. It was first to be ascertained in what paralytic condition the interrupted galvanic, and in what the induced, current will increase the irritability of the paralyzed muscle and its nerve, against the same current; what is the duration of this artificial increase of irri-

[1] Stöhrer's agent in England is Mr. Pratt, of Oxford-street.

[1] Lectures on Epilepsy, Pain, Paralysis, and certain other Disorders of the Nervous System. Churchill, 1864.

tability; in what relations the volitional and the artificial contractility stand to one another; whether the effect of the interrupted galvanic current may not also be obtained from an induced current with very slow interruptions.

Mr. Radcliffe, having Ziemssen's observations in mind, has been carefully observing the paralytic conditions in which the interrupted galvanic current increases the irritability of the muscles, the induced current failing to affect them; and the therapeutic effect of the interrupted galvanic current under such circumstances. His observations have been limited as yet to paralysis of the portio dura, paralysis of the deltoid, lead palsy, and infantile paralysis. In a case of paralysis of the portio dura (under the care of Dr. Radcliffe), his observations confirmed those of Ziemssen; and the result, therapeutically, was also, as in Ziemssen's recorded case, negative. In six cases of lead palsy (*wrist drop*) of different dates (four of which we saw, two under the care of Dr. Ramskill, and two under Dr. Sieveking), all the muscles which were indifferent to the most powerful induced current contracted energetically under the galvanic current when contact was made or broken. These cases are still under treatment; and it remains to be seen whether the duration of the paralysis may be shortened by the use of the interrupted galvanic current as compared with the induced. A case of paralysis of the deltoid (under the care of Dr. Reynolds), which we saw, is of remarkable interest. The patient is a blacksmith, twenty-five years of age. In March last, after suffering several days from severe "rheumatic" pains, so termed, in both shoulders, but particularly the left, he lost suddenly, whilst working with an ordinary-sized hammer one morning, the power of raising his arm. When first seen, five weeks after this occurred, the deltoid and infra-spinatus muscles of the right side were found to be completely paralyzed, and there was some wasting of the former muscle. The contractility of both muscles, under the induced current, was annihilated; the electric sensibility was diminished over the infra-spinatus, and this form of sensibility as well as the sensibility to heat, cold, tickling, and touch, were absolutely wanting in a triangular space (the apex pointing downwards) over the deltoid, measuring two inches and a half at the base, and five inches from the base to the apex. Under powerful faradization, seven times repeated, at intervals of three days, not a trace of contraction could be excited in the paralyzed muscles, and the wasting evidently increased. Electro-puncture was had recourse to several times; but a dubious action of some superficial fibres was the only result. Mr. Radcliffe then, remembering Ziemssen's observations on paralysis of the portio dura, tried the interrupted galvanic current. With thirty-five cells of the battery described, which produced no effect on the healthy left deltoid and infra-spinatus, a marked contraction of both paralyzed muscles was excited; with forty-five cells (also ineffective upon the healthy muscles), an energetic contraction. Mr. Radcliffe from this time used the interrupted galvanic current alone, thrice weekly, and each time about ten minutes, until it had been applied thirty times. At the end of this period seventy-five cells were required to produce the amount of contraction formerly caused by forty-five; and under the full force of the primary current of a large Stöhrer's induction apparatus, slight contraction was produced in the deltoid. The further wasting of the muscles appeared also to have ceased, although they did not gain in bulk.

At this time treatment was suspended, the patient being compelled to leave town, and it could not be resumed until the close of September. In the interval, not only was the little good which had been gained by electrical treatment lost, but the paralyzed muscles had become more and more wasted, and it was now clear that the supra-spinatus also suffered. The wasting, indeed, was so great, that of the deltoid barely a filmy layer of fibres could be presumed to remain. Faradization over the affected muscles did not excite a trace of contraction, and electro-puncture yielded only doubtful action. But again the interrupted galvanic current caused marked contraction, and, pursuing the same course that he had done before, Mr. Radcliffe used daily for about a dozen times this form of current only. At the end of the twelve applications, on using the full force of the primary current of a Stöhrer's large induction instrument, distinct but slight contraction of the deltoid and infra-spinatus occurred. From this period faradization of the paralyzed muscles has been steadily

persisted in four times a week. The deltoid is now manifestly increasing in bulk, and its contraction under the induced current is very evident. A slight amount of voluntary power in the muscle is now also perceptible. The improvement in the infraspinatus is less manifest. The sensibility of the surface above the paralyzed muscles to all kinds of impressions is also returning. There is now, indeed, a reasonable hope that this at one time seemingly hopeless case will be cured.

Mr Radcliffe's observations on the influence of the interrupted galvanic current in infantile paralysis have as yet yielded only negative results; but Dr. W. A Hammond, of New York, has recently published three most instructive cases, in which electricity applied in this form was productive of great benefit.—("Half-Yearly Abstract," January—June, 1866.)

In conjunction with the electrical room of the National Hospital, we may mention that leading out of it is a small but most convenient gymnasium. This gymnasium is devoted to the mechanical appliances used for facilitating the treatment of paralysis by movements. It has been most ingeniously fitted up, under the directions of the physicians, by Mr. Heather Bigg.—*Lancet*, Nov. 26, 1866.)

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The Sewing Machine.—Few inventions of modern times exhibit greater ingenuity and perform more satisfactorily the part assigned to them than the sewing machine; the introduction of which has done much to ameliorate the condition of the wretched sempstress, whose

> "Stitch, stitch, stitch,
> In poverty, hunger, and dirt,"

is so feelingly expressed in Hood's well-known "Song of a Shirt." Like all human achievements, however, its success is not without a drawback, and some months since we recorded the fact that in Paris the health of the habitual workers at the machine had been found to suffer to a serious degree. Within the last few days, Dr. Down, whose name is so well known in connection with his labours at the Redhill Asylum for Idiots, read a paper before a medical audience at Reigate, setting forth his personal experience of the effects of constant working at the sewing machine upon his female patients at the London Hospital. His attention having been attracted by the constant recurrence of cases characterized by pallor, lassitude, pain in the back, and leucorrhœa, he was led to investigate the employments of these patients, and found that they almost invariably worked habitually at the sewing machine, and were, in fact, suffering from what has been euphemistically termed "peripherical excitement," the result of the friction of the thighs caused by their employment. Of this many were perfectly aware, and some had already abandoned a trade which they felt to be undermining their health. Similar observations have been made by French hospital physicians.

Dr. Down found that these cases occurred entirely amongst women employed in the heavy manufacturing work which is carried on at the East-end of London, and which is done by machines worked with treddles moved alternately by the feet. These machines are heavy, and require considerable exertion on the part of the operator; the alternate movements of the lower limbs must therefore be correspondingly energetic and laborious. In the machines which are in daily use amongst all classes for ordinary needlework, the labour being lighter, the movement is given by the action of the feet alone working simultaneously on one treddle; and with these machines no such unfortunate results as those to which we have alluded have been noticed. There is therefore, fortunately, no reason to forbid the use of the machine amongst private patients, though we doubt the advisability of allowing young ladies with ill-developed chests and growing spines to spend hours in an attitude which may induce deformity and disease, as much as, if not more than, the old "tambour frame," which was formerly put down, whether rightly or wrongly we are not prepared to say, as the cause of much spinal curvature.—*Lancet*, Oct. 20, 1866.

[There is no benefit conferred on mankind which may not be abused. The sewing machine enables a female to accomplish in two or three hours as much sewing as she could do by hand in a day. So far it is a boon—the day's work being accomplished, rest should be taken or some other occupation sought. But if the whole day be spent at working the machine, and the attempt is made to complete in a day, the work of a week, this is an intemperate use of the machine, and, as in *all cases of intem-*

perance, brings its evil consequences. That in many manufacturing establishments, through the cupidity of employers, girls are compelled to work the whole day with the machine is beyond doubt; and laborious as was their occupation formerly, in sewing, the introduction of the machine has been to them a serious evil, and added to the severity of the labours and to the greater impairment of their health. Some law should be enacted limiting the hours of labour on the sewing machine.—Ed. M. N.]

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Reduction of Infantile Mortality; French Philanthropy.—The Paris correspondent of the *Daily News*, referring to the subject of infant mortality which has lately occupied the attention of the French journals, gives a striking illustration of the extent to which the excessive fatality of childhood may be reduced by proper attention to the requirements of nature. M. Jean Dollfus, one of the largest manufacturers in Alsatia, was shocked to find that the women employed in his factories lost 40 per cent. of their children in the first year, whereas the average mortality at that age in France is only 18. He came to the conclusion that a main cause of this frightful loss of incipient life was the necessity laid upon the mothers to resume work too soon after their confinement, and therefore, with the true grandeur of a merchant prince, determined to pay every woman in his service, who was brought to bed, six weeks' wages, without requiring any work for it. This was three years ago. The result of this philanthropic experiment has been the reduction of infant mortality in the district from 40 to 25. Six other houses have been so struck with the beneficial effects of M. Dollfus' system that they have resolved to adopt it, subject only to a modification—necessary, perhaps, in a commercial point of view, and wholesome as regards the independence of the workmen. Seeing the immense benefit to humanity produced by M. Dollfus's charity, they recommend to all their *employées* to make themselves participants in the system by a subscription of three sous a fortnight from all women in their factories between the ages of eighteen and forty five years. The premium is insufficient to cover the risk, but the masters undertake to make up the difference.

An example so good in every respect is well worthy of imitation in other countries We need not go to France for instances of children dying in their first year at the rate of 40 or even 50 per cent. Mothers are called away to work long hours in the field or the factory quite as soon after confinement with us as elsewhere, and their infants suffer from just the same causes as moved the kind heart of M. Dollfus.

The plan of establishing a fund from the contributions of the women themselves, to be available for the support of the mother during an enforced abstinence from her work, as being of the nature of an insurance, is certainly preferable to any scheme of mere eleemosynary help; and if the mention of M. Dollfus's success induce any of our employers of female labour to give the experiment a trial, we have little doubt that results equally satisfactory may be achieved. —*Lancet*, Dec. 1, 1866.

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Adulterations in Spain.—The "Epoca" of Madrid gives such a description of Madrilene diet, as to make it appear that the only genuine article to be procured is garlic. The butter is composed of tallow, remnants of cheese, the juice of the petals of marigold, and raw potatoes scraped and reduced to pulp. Bread is adulterated with the flour of peas, beans, &c., and whitened with carbonate of magnesia, bicarbonate of soda, plaster of Paris, alabaster, &c. Most of the chocolate sold at Madrid does not contain a particle of cocoa, for which flour, fat, and a few aromatic substances are substituted. Sausages are made with all kinds of villanous ingredients, such as the remains of dead horses. The list might be almost indefinitely prolonged; but the Madrilene art of adulteration seems to have attained its highest perfection in the adulteration of wines and spirits, which they manufacture leaving out the juice of the grape altogether. —*Lancet*, Nov. 3, 1866.

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Change of Doctor.—The following extract, which we make from an editorial in a late No. (Nov. 24th) of the *Medical Times and Gaz.*, is worthy of consideration both by physicians and patients.

"Patients will from time to time change their medical attendant; they have a perfect right to do so, and the thing cannot be resisted, and ought not to be resented if done courteously. Even the old family doctor, who has attended perhaps two generations in one house, some day finds

himself superseded by a younger rival; this is quite reasonable, natural, and inevitable. Patients too must, so long as human nature is human nature, and so long as anxiety, fear, hope, and credulity operate, desire from time to time to have a second opinion, and it may even happen that the 'second opinion' may be that of a man no way superior to the first attendant—nay, sometimes of a man much inferior in the eyes of real judges. Moreovcr, a change of attendant, or a consultation, may be carried out not only unreasonably, but brusquely, discourteously, and without due regard to the feelings and professional repute of the displaced practitioner. Under such circumstances, we hold it to be bad policy in the latter, however aggrieved, to remonstrate or make any show of annoyance. It never does any good, and only gives the patient reason to believe in his own importance, and in the heavy loss which the withdrawal of his patronage may occasion. Yet, if the patient is a man of sense, he ought to know that it is against his own interests as one of the public to treat his medical attendant shabbily.

"In many callings, but in medicine more than any of them, there is the greatest possible difference between 'eye service'—that is, the mere mechanical routine of duty, done perfunctorily, for mere pay—and the zealous, watchful, inventive heart service of a man who throws himself with all his powers and all his feelings into the effort to mitigate suffering or save life. It is just that which is above price, and which money cannot buy, which is trampled in the mud by persons who act shabbily to a zealous and conscientious medical attendant."

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Novel Mode of Swindling a Physician.—In a report of the Medical Association of Moselle, we are told of a case in which a woman refused to pay her doctor for more than one visit. She admitted in court that he had cured her of a severe illness; but said she only sent for him once; if he came oftener, that was his look out. The judge took the same view of the case; and the doctor got for his action an order to pay the costs of it!—*Brit. Med. Jl.*, Nov. 3, 1866.

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Professor Trousseau.—We are happy to state that there is no foundation for the announcement made in some journals of the death of this eminent member of our profession. He had been slightly indisposed, but at latest accounts his health was quite re-established, and he was attending to his professional duties.

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Homœopathic Life-assuring.—The following indicates a clever method of attempting to raise a business; but the scheme does not seem promising in the future from its history in the past. A journal tells us that, it having been found that treatment by homœopathy increased the value of human life, a Life Assurance Company took the hint, and started on this platform into life. But "this Company was, for some cause, merged into another. The principle was correct, but the scheme was badly supported." In fact, as the Yankees say, it wouldn't float. Then came a better scheme (founded on truly homœopathic principles), offering to treat the victim either homœopathically, or, if he preferred it, on ordinary assurance principles; of course, the homœopathic life-insurer being done the cheapest. We are not told if any provision was made for a change of principles, nor if this plan was more successful than the former. However, there is, at all events, a chance for every one now. The *Empire Assurance Corporation*, with a moderate capital of half a million, has opened a *homœopathic section* for people of this credulity.

"But the Directors have not felt justified in making, in advance, a reduction of the premium rates; but they are assured by those who have mainly promoted the homœopathic section, that at the end of each quinquennial period for the division of profits, an advantage will be shown in favour of the assured in this section. The business in this section will be kept entirely distinct from the general business; so that by this means the Directors will be able to compile statistics from time to time, by which will be ascertained the comparative value of lives in the homœopathic and general sections."

If our homœopathic friends will consider this promise of the Directors equivalent to a reduction of 10 per cent. on the premiums, we can only say their credulity is even bigger than we thought it to be.—*British Med. Journ.*, Nov. 3, 1866.

[The same scheme is now presented to the gullibles in this country. The globulistic fraternity seems to be driven to strange expedients to maintain themselves.]

PEREIRA'S MATERIA MEDICA. By WOOD.—Now Ready.

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The task of the American editor has evidently been no sinecure, for not only has he given to us all that is contained in the abridgment useful for our purposes, but by a careful and judicious embodiment of over a hundred new remedies has increased the size of the former work fully one-third, besides adding many new illustrations, some of which are original. We unhesitatingly say that by so doing he has proportionately increased the value, not only of the condensed edition, but has extended the applicability of the great original, and has placed his medical countrymen under lasting obligations to him. The American physician now has all that is needed in the shape of a complete treatise on materia medica, and the medical student has a text-book which, for practical utility and intrinsic worth, stands unparalleled. Although of considerable size, it is none too large for the purposes for which it has been intended, and every medical man should, in justice to himself, spare a place for it upon his book-shelf, resting assured that the more he consults it the better he will be satisfied of its excellence.—*N. Y. Med. Record*, Nov. 15, 1866.

It will fill a place which no other work can occupy in the library of the physician, student, and apothecary.—*Boston Medical and Surgical Journal*, November 8, 1866.

We have here presented in a volume of a thousand pages, that which we sincerely believe the best work on materia medica in the English language No physician, no medical student, can purchase this book, and make anything like a proper use of it, without being amply rewarded for his outlay.—*The Cincinnati Journal of Medicine*, November, 1866.

The American editor can very justly say, then, that "his office has been no sinecure." The result, however, of the labors of the different gentlemen engaged on the work has been to give us a compendium that is admirably adapted for the wants and necessities of the student. We willingly concede to the American editor that we have rarely examined a work that, on the whole, is more carefully and laboriously edited than this; or, we may add, that is more improved in the process of editing.—*New York Med. Journal*, December, 1866.

HAMILTON ON FRACTURES. New Edition.—Just Issued.

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Dr. Hamilton's treatise still holds its place without a rival as the very best on the important subjects of which it treats.—*Boston Medical and Surgical Journal*, Dec. 6, 1866.

A mirror of all that is valuable in modern surgery.—*Richmond Med. Journal*, Nov. 1866.

The perfect storehouse of appliances which are described and illustrated, renders it certainly the most complete work of the kind in this country, and perhaps there is nothing superior to it in any language. Hamilton's treatise is destined to rank for a long while as the leading authority on this subject, and we commend it once more to our readers with more than usual pleasure.—*Cincinnati Lancet and Observer*, November, 1866.

In the preparation of this edition the cases and observations published since the date of the first have been studied, and valuable additions made both in the text and in the illustration of it. The chapter upon gun-shot wounds has been enlarged by the experiences of the late war, and the whole work brought up to the standard of practice at the present day; indeed, is itself the standard, and by it must be estimated the results of surgical practice.—*Buffalo Med. Jour.*, Nov. 1866.

Every fracture is fully, clearly, and carefully described; all the different apparatus for their treatment are figured; the dislocations are similarly considered; and nothing is left to be desired by any student or practitioner anxious to become practically and thoroughly acquainted with these most important branches of surgery.—*N. Y. Med. Record*, Nov. 15, 1866.

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THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

CLINICAL LECTURES.

Clinical Remarks on Cholera.—By G. OWEN REES, M. D., F.R.S., Senior Physician to Guy's Hospital, and Lecturer on the Practice of Medicine.

GENTLEMEN: The two cases of Asiatic cholera which I have just read to you present no very remarkable features, but as we have lately had several deaths from the disease, and full opportunity of studying the post-mortem appearances, I will relate to you the results of careful examinations performed by Dr. Moxon and his assistants. We have examined in all ten cases dying collapsed, and in every case we have found the lungs containing blood, and have observed blood to flow freely from the pulmonary veins as well as from the arteries on making section of the organs. In several cases the pulmonary vessels were carefully tied before the lung was removed, and more blood was collected from the pulmonary veins than from the pulmonary arteries. In one case, in which the collapse was very severe and rapid, and in which the pulmonary vessels had been tied, it was found on opening the pulmonary veins that three quarters of an ounce of blood escaped, while from the pulmonary artery no blood was obtained until the heart was turned up, when about an equal bulk of blood came away from the right side. The left side of the heart, however, still had half an ounce of blood left in it. It has been asserted that the blood is arrested in the branches of the pulmonary artery in persons dying collapsed in cholera;[1] but we may fairly regard that statement as erroneous, inasmuch as we have now before us ten consecutive cases of fatal collapse, in all of which the blood was *not* arrested in the branches of the pulmonary artery, but was

[1] See Dr. G. Johnson's recent work on Cholera.

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found filling the pulmonary veins quite as completely as the arteries; and more than this, it had passed through those veins, and reached the left cavities of the heart.

During a former visitation of cholera I took some pains to familiarize myself with the characters of the disease by volunteering to take the direction of cases admitted into the Bermondsey workhouse, and I then had the opportunity of observing a fact of which I had been previously informed—viz., the existence of cases in which collapse takes place without the occurrence of any great amount of those discharges which appear occasionally to destroy life by exhaustion.

The cases I have here detailed had much of that character about them. It used to be matter of doubt with us whether death occurred by the heart in these patients, or whether death commenced by the brain: in fact, whether the cholera poison, while it had a purgative and emetic action, did not also exercise a direct power over the heart or brain when introduced into the body in large quantity. The action, if we assume the heart attacked, would resemble that of tobacco in some respects.[1] Many of you have suffered from smoking, and had vomiting and purging induced, and at the same time felt very horrible depression, from which, however, you soon recovered. Had you been subjected to the action of a larger dose, you would have perished at once by the heart. The post-mortem appearances we have observed in these cases of cholera prove that the poison in that disease has a powerful influence over the heart, and we may fairly conclude that when it attacks the body in large quantity it kills by a direct action on that organ. Such cases are rare in this country, but in India they are by no means uncommonly met with. The heart is influenced, however, in all cases dying collapsed, as we can show by our autopsies, the blood passing freely through the lungs, and stopping on the left side of the heart.

As regards the treatment of Asiatic cholera I have but little to say. If we believe the purging and vomiting to result from the action of a poison, which has a depressing effect upon the heart irrespective of its purgative and emetic qualities, I believe the best thing you can do is to moderate those discharges, and to support the heart by stimuli. Treat the case as one in which an over-dose of elaterium has been taken, and give remedies which will counteract or moderate the action of the poison. Do not be too ready to adopt the notion that the stools and vomited matters of cholera are evacuating a *materies morbi*. The sweats of rheumatism and of ague do not appear to assist in the cure, and we do no good by encouraging them. We the rather try to counteract the poisonous actions by drugs which do not happen to act on the skin, and we certainly can thus cure ague very satisfactorily; and I have not heard that any one presumes in the present day to attack rheumatism with diaphoretics, whatever may be his estimate of the value of the various plans of treatment which have lately been brought before the notice of the profession. But even if we assume that a violent purgative poison is being purged from the system in the cholera dejections, we still have no right to draw the conclusion that the best remedy consists in still further exciting that purging. It appears to me far more reasonable to do all we can to moderate the discharge, and so enable the system to bear the elimination which would then be going on with less violence, and would, therefore, be less suddenly evacuating the serous constituents of the blood from the system. In two of my earlier cases you saw experiments tried, by which I hoped some good might be done. On patient was made to respire nitrous oxide gas, and another inhaled a mixture of oxygen gas and atmospheric air. Curiously enough no effect whatever was produced by these agents—not even a temporary rally, notwithstanding that the patient inspired them freely. The blood-corpuscles appear incapable of exercising their function, owing probably to some chemical action of the poison on the circulating fluid which destroys its attraction for oxygen. It appears extremely probable that the physical condition of the blood assists in producing this decreased attraction, when the purging has been violent and continued, for then the blood is inspissated, and the corpuscles are consequently shrivelled and corrugated.—*Lancet*, December 29, 1866.

[1] There are, of course, many points of difference in the action of these two poisons; one especial point being, that tobacco ceases to purge after the intestinal canal is emptied of its contents.

Case of Disease of the Left Side of the Brain, involving the Corpus Striatum, &c.; the Aphasia of Trousseau; Cliniral Remarks on Psychico-Physical Symptoms. (Under the care of Dr. Hughlings Jackson.)—The following is a case of considerable interest, although the damage to the brain was so widespread that precise evidence bearing on disputed questions as to the localization of "faculties" is not supplied by the autopsy. In this respect it stands in contrast, as Dr. Hughlings Jackson observed, to the remarkable and valuable case Dr. Sanders has related in the *Edinburgh Medical Journal*, March, 1866.

Dr. Jackson thinks there is a danger that students may look upon a bad case as a typical one. A case like the following was, he said, no more significant than that of a certain difficulty of articulation which occurs from disease of the corpus striatum, or of the convolutions near this body. There were to be traced, he believed (from various cases of hemiplegia), defects, increasing in range and diminishing in degree, from those of articulation to incoherence. And it was, he thought, not well to exclude defect of articulation from one end and incoherence from the other end of one continuous series of psychico-physical symptoms. All these various defects were, he believed, disorders in a certain series of cultivated *anatomical possibilities*—of motor and sensory centres ascending in complexity, in *interrelations*, and in *width of associations*. Although we usually speak of these symptoms as defects of expression by motion,[1] it is quite clear that motion and sensation are everywhere interweaved. He attempted a comparison and contrast betwixt double vision and difficulty of articulation, incoherence and spectral illusions. In disorders of the higher complexities and wider associations of motion and sensation, or, as they might be called, expression and perception, it is, he thinks, scarcely proper to separate the two sorts of defects.

Although he has, in his first paper (*London Hospital Reports*, vol. i., 1864), used the expression "faculty of language," he now thinks it better either to avoid the use of such terms, or to make their use so common as to take away the undue importance they are sometimes allowed to have. And instead of first studying "memory for words," he would advise the student to begin by thinking of the cultivation of a simpler series of sensory and motor processes, such, for instance, as that for remembering an umbrella. It is long before the motory and sensory impressions become so nascent that the umbrella is *unconsciously remembered*—if such a phrase be permissible. Dr. Hughlings Jackson, in this connection, spoke of "innate ideas," and said the only conception he could form of them was as of a series of anatomical possibilities—not nervous centres only—in correspondence with a particular series of so-called "sensation possibilities" in the organism's environment. These congenital anatomical possibilities represented, he supposed, the acquirements of the race, and their particular cultivation—"the faculties"—the acquirements of the individual members of it. The aye-aye might be said to have innate ideas about certain larvæ. To the habits, taste, &c., of these larvæ it is, so to speak, in such exact physical correspondence, that the *faculty* of seeking and getting them out of trunks of trees, of eating and digesting them, &c., is so easily developed, that it may conveniently be called instinctive. There is, of course, an enormous difference in degree in the wide possibilities of the human cerebrum and those narrow possibilities—almost certainties—which are the framework of instinctive actions, or such actions as smiling and the movements of respiration.

The secondary automatic utterances of some of these "speechless" patients appear to show the resemblances betwixt commoner reflex actions and the higher intellectual operations. Dr. Hughlings Jackson's opinions on these last points we have already reported in some detail in our *Mirror*, Feb. 17, 1866. We may also refer to his first paper in the *London Hospital Reports*, vol. i. 1864, p. 454. He there compares such utterances to gross reflex actions. He thinks that a study of Mr. Herbert Spencer's works will show the extreme importance of working at the whole of the physico-psychical symptoms we meet with—in connection with hemiplegia to begin with—from those grossly motor, as defects of articulation, to those purely "mental," as incoherence. He believes that observations on this plan will

[1] Bain says "a *suppressed articulation* is, in fact, the material of our recollection, the intellectual manifestation, the *idea* of speech. (*The Senses and the Intellect*, 1855, p. 334.) The italics are in the original.

help to demonstrate the truth of many of the views Mr. Herbert Spencer has put forward in his *Principles of Psychology*. If terms are to be used, or perhaps abused, the extremes may be respectively called ataxy of muscles and ataxy of ideas; or, again, muscular incoherence and incoherence of ideas. Dr. Hughlings Jackson would begin with hemiplegia, as he believes present evidence goes to show that the chief anatomical question is the relation of the disease which damages speech to the motor tract. He still thinks that the points of greatest importance are—1st, the *quantity* of brain damaged; and 2d, the *relations* of the damaged part to the corpus striatum, the point of emission of the orders of the "will" to the muscles. (See our report of his remarks, *Mirror*, Nov. 26, 1864.) Cases of defects of speech are, Dr. Jackson thinks, more valuable to think *from* towards mind than to think *on* as cases of aphasia. They are more definite than other mental defects. From the corpus striatum, inwards and outwards, he would begin his anatomical studies of medical psychology. The vascularity of this region is a most important fact in many ways, and he thinks it not unlikely that arteries have to do with unifying in action parts differentiated in function. He urges strongly that we should from cases of chorea, epilepsy, paralysis, and defects of speech try to learn something towards establishing the laws of the evolution of movement and sensation.

As to the side of the brain affected, Dr. Jackson simply says that the mass of clinical facts show that considerable defect of speech rarely occurs with hemiplegia of the left side. Dr. Wilks writes, in the last volume of *Guy's Hospital Reports*, p. 172: "With regard to the loss of speech with right hemiplegia, I need scarcely say that my observations accord entirely with those of Dr. Hughlings Jackson, although the true explanation of this remarkable circumstance has yet to be discovered." Neither Dr. Wilks nor Dr. Hughlings Jackson goes beyond stating the mere facts of the question. Dr. Jackson has recorded three exceptions to this clinical rule in his first paper on the subject (*London Hospital Reports*, vol. i., 1864), and more than this, he has, he tells us, received from Dr. Long Fox, of Bristol, the report of a case and post-mortem examination which seems to show that disease of Broca's region on the left side does not always destroy power of speech. Dr. Hughlings Jackson has recorded in the *Ophthalmic Hospital Reports* three cases—quoted in the last volume of *Ranking's Abstract*—of disease of Broca's convolution on the right side, without any defect of speech of any kind.

The almost constant association of loss of speech with hemiplegia of the *right* side has been discovered three times independently—viz., by M. Dax, by M. Broca, and by Dr. Hughlings Jackson. So that, admitting that an exceptional case ought to have very great weight, and with great deference to the "theory in possession," the *clinical peculiarity* cannot be dismissed as a point of no importance.

A man, forty-nine years of age, had a fit on the evening of the 1st of May last; and, according to his wife, the right side of his body was convulsed, and not the left. He came round, she said, in half an hour, but could not speak, and was found to be paralyzed on the right side. From that time it is doubtful whether he ever spoke any word but "yes" to his death on June 29th. There is little to say about the progress of the case. The patient never said anything, and never made any signs. He kept his bed until his death. He passed his urine and motions under him.

The patient was, however, not unconscious, as he ate and drank greedily for some weeks, and would utter the word "yes." As, however, he uttered it whenever any one spoke to him, this fact is not contradictory to the statement that he never *said anything*, for from his mouth the utterance carried no meaning. He had never been able to write; but, when a pencil was offered to him, he took it and scrawled marks on paper as a baby might do. His right arm became rigid; bending it gave him pain, and this caused him to grin and cry out "Oh!" One of the patients told Dr. Jackson that the poor fellow once said "nurse."

The last few weeks of his life the man took less food, became emaciated, and gradually sank exhausted. For some of the facts of the report we are indebted to Mr. Colquhoun, late assistant medical officer.

The autopsy was made by Dr. Hughlings Jackson and by Dr. James Jackson, the resident medical officer. A large dark clot lay in a cavity of softened brain extending from about an eighth of an inch in front of the corpus striatum to the front wall of the

middle cornu. The lateral ventricle was not opened, but the intra-ventricular part of the corpus striatum had been a little undermined towards its centre, and the thalamus to a great extent. The clot did not extend into the crus cerebri.

Before the above examination was made, the pia mater had been taken off and the convolutions observed. The insula looked yellow, and getting off the pia mater tore through into the yellowish softened cavity of the clot. The brain was softened and discoloured up to the gray matter of a great many folds, including the posterior half of the third frontal, lower part of the transverse, the parietal, and part of the second frontal, as well as much of the floor of the fissure of Sylvius. The right side of the brain was firm and perfectly healthy. The medulla was healthy.

The convulsive seizure is, Dr. Hughlings Jackson thinks, a symptom of great interest, especially as showing the loose meaning of the word "epilepsy." It is sometimes discussed whether epilepsy causes cerebral hemorrhage or cerebral hemorrhage epilepsy.—*Lancet*, Dec. 1, 1866.

HOSPITAL NOTES AND GLEANINGS.

Complete Transverse Division of the Urethra by a Kick of a Horse on the Perineum; Perineal Section; Recovery.—G. C——, aged fourteen, a fine healthy youth, was admitted into Guy's Hospital, at midday on June 28th, 1866. About twenty-four hours previously a horse kicked him in the perineum. He did not feel much pain at the time, and walked home, a distance of a quarter of a mile, immediately afterwards. He then went to bed. A medical man visited him in the evening, and endeavored to pass a catheter, but without success. Warm fomentations were then applied to the abdomen, and some blood flowed from the urethra. In the night he felt pain in the loins. Next morning, having passed no urine since the accident, he was brought to the hospital.

On admission, the perineum was slightly swollen and ecchymosed; the bladder, much distended, reached far above the pubes. Unsuccessful attempts were made by Mr. Birkett to pass a catheter into the bladder, the point of the instrument being arrested in its course just beneath the pubic arch. Considerable hemorrhage from the urethra accompanying these gentle attempts to pass a catheter led Mr. Birkett to the conclusion that the canal was torn; more particularly, too, as the instrument seemed disposed to take an erratic course, and its point could be felt *too* distinctly in the perineum. He decided, therefore, to open the perineum. Chloroform was given; and after another unsuccessful attempt to introduce a flexible catheter, a grooved staff was passed down to the perineum, and an incision made along the raphé from the posterior edge of the scrotum to the anus for about an inch and a half. Some coagulated blood was turned out from the depths of the wound, when the urethra and its surrounding textures were found completely divided transversely. By compressing the bladder over the pubes, urine was made to issue from the posterior division of the ruptured canal, which was hanging into the wound, in consequence of its being detached from the corpora cavernosa, for about a quarter of an inch. The line of rupture in the urethra was not perfectly transverse, but ran obliquely across from below anteriorly to above at the back part; and, in consequence of the contractility of the tissues, the two ends of the divided canal were fully half an inch apart. Mr. Birkett passed a flexible catheter along the anterior division of the urethra, out at the perineal wound, and thence through the posterior division into the bladder; he then brought together the two ends of the ruptured urethra upon the catheter, and tied them with one silk suture introduced in the middle line of the under surface. The urethra was not touched by the knife during the operation. The flexible catheter was fixed in the bladder.

June 30th (second day).—All the urine passed through the catheter; none by the perineal wound. The skin around the wound was healthy, and the sides of the wound were bathed with pus. He slept and ate well, and had no pain.

July 6th (eighth day).—Catheter removed from urethra; it was slightly coated at the end with phosphates.

7th (ninth day).—Since the removal of the instrument he had made water four times; it mostly passed in the proper direction, but a little escaped at the perineal wound (less latterly than at first). The urine first passed was turbid and contained albumen.

9th (eleventh day).—Urine escaped freely

through perineum; its passage unaccompanied with smarting. The urine was not albuminous.

12th (fourteenth day).—Made water easily; very little passing through perineum.

26th (twenty-eighth day).—The quantity of urine coming by the perineum had gradually decreased until, during the three preceding days, there had not been any escape in that direction. The wound was healed. He had never had a bad symptom; and he left the hospital to-day, having been under treatment twenty-eight days. The suture was never seen, although it was probably cast off in the discharge.

November 8th.—He called on Mr. Birkett to-day. He passed a full stream of urine without the slightest difficulty; and there seemed to be no symptom of contraction of the urethra, although three months had elapsed since the perineal wound healed.—*Lancet*, December 22, 1866.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

The Yankee Race Dying Out.—Dr. Nathan Allen, of Lowell, Mass., chairman of the Committee on Statistics of the Board of State Charities of Massachusetts, has been for years making patient investigations in regard to the increase of population in the State just named and the conclusions at which he has arrived are very remarkable and well worthy of further investigation. Some of these conclusions are given in the third report of the Board of State Charities from which we extract the following statements which seem to show that the native population is steadily decreasing and is being replaced by foreigners.

"In order to understand correctly the increase and the changes in our population, the history and number of those of a foreign origin must be carefully noted. The rapid increase of this class, and the changes consequent upon its future growth, afford themes which deserve the most grave consideration.

"The census at different periods, returns this element as follows: 1830, 9 620; 1840, 34,818; 1850, 164,448; and 1860, 260 114. Here within 30 years, commencing with less than 10,000, we have an increase by immigration alone to over 250,000. It should be observed that this does not include the great number of children born in this State of foreign extraction. The first Registration Report that discriminated in the births as to parentage was that of 1850, returning 8,197 of this class, and 3,278 mixed or not stated. In 1860, the number had increased to 17,549, besides nearly 1,000 not stated. In 1850, the foreign births were only one-half as many as the American, but they continued to gain every year afterwards upon the American till 1860, when they obtained a majority. This year will ever constitute an important era in the history of Massachusetts when the foreign element, composing only about one-third part of the population of the State, produced more children than the American. Since 1860 they have gained every year upon the American, till in 1865 their births numbered almost 1,000 more than the American.

"From 1850 to 1860, the Registration Reports make the foreign births 137,146, besides 18 598 not stated, a large portion of which undoubtedly was of foreign origin. Then the number of such births from 1820 to 1850 cannot be definitely stated, but, judging by the amount of foreign population at this period and its fruitfulness at other times, the number of births would certainly come up to 50,000 or more. Now what proportion of those of this character born from 1830 to 1860, might have been living when the census of 1860 was taken, we cannot tell; all that can be determined upon the subject is only approximation to the truth. It is estimated where the mortality is largest that only from two-fifths to one-half of all those born—including both the city and country—live to reach adult life. After making allowance for this facts and considering that by far the largest proportion of these births occurred in the year, immediately preceeding 1860, we think it perfectly safe to say that there must have been over 100,000 persons of this class included in the United States Census returned as native born in Massachusetts, or in other words as American. This fact would change materially the census report. It would take at least 100,000 from the American portion—970,000—and add 100,000 to the 260,000 reported as born in foreign countries. This result makes at the time almost one-half of our population strictly of a foreign origin!"

In regard to the distribution and employment of the foreign population, Dr. Allen remarks: "This class of people do not all live in the cities. They are found scattered in almost every town and neighborhood in the commonwealth. The men came first to build railroads, to dig canals, cellars, and aid in laying the foundation of mills, dwellings and public buildings. Then came the women to act as servants and domestics in families, as well as to find useful employment in shops and mills. Then came parents, children, and whole families. To such an extent have they increased by immigration and birth, that they now perform a very large portion of the domestic service in all our families; they constitute everywhere a majority of the hired labourers upon the farm; they are found extensively engaged in trade and mechanical pursuits, particularly in the shoe business, and compose by far the largest proportion of all the operatives in the mills.

"Within a few years, they have become extensive owners of real estate. In the cities they have built or bought a very large number of small shops and cheap dwellings, and in the rural districts as well as in the farming towns throughout the State, they have purchased very extensively small lots of land, small places, and old farms partly run out; and (what is significant) they pay for whatever real estate they buy, and are scarcely ever known to sell any. In fact, it has come to such a pass, that they perform a very large proportion of the physical labour throughout the State, whether it be in the mill, or in the shop, whether in the family or upon the farm. As far as muscular exercise is concerned, they constitute 'the bone and sinew' of the land, and it would be very difficult, if not impossible to dispense with their services. Every year the Americans are becoming more and more dependent upon them for manual labour, both in-doors and out-of-doors."

"Should the same ratio of increase from 1830 to 1860 continue 20 or 30 years longer, a majority of the population of the State, within that time, will be composed of those of a foreign origin."

—

Library of the College of Physicians of Philadelphia.—We would again call the attention of the Fellows of the College to the fact that this valuable and extensive Library, embracing nearly thirteen thousand volumes, is daily open from 11 o'clock A. M. to 3 P. M.

The increase of the Library during the past year has been very large, amounting to about two thousand five hundred volumes. The Hall of the College being fireproof, Fellows of the College who possess books to which they have seldom occasion to refer, will act wisely in sending them to the College, where they will be securely kept, be readily accessible when wanted, and their usefulness be far more extended than in a private collection.

Mott Memorial Library.—The widow of the late Dr. Valentine Mott has purchased and fitted up in the city of New York, a house in which she has deposited the medical library and surgical instruments of her deceased husband. This she has placed under the charge of a board of Trustees, with the design that it shall be a monument to one who has been justly styled the Napoleon of American Surgery.

A more judicious mode of perpetuating the memory of her husband, or a more graceful tribute to the profession which he illustrated could scarcely have been devised.

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Atlanta Medical College.—The annual circular of this Institution for 1867 contains the names of 82 matriculants, comprising the class during the session of 1866, and of 35 candidates, upon whom the degree of M. D. was conferred at its close.

FOREIGN INTELLIGENCE.

Prevention of Pyæmia.—The Surgical Society of Paris has lately been discussing this subject, which was brought before the members by Messrs. Labat (of Bordeaux), and M. Marc Sée (of Paris). To prevent pyæmia, the latter proposes to dress wounds with alcohol in order to coagulate the decomposing fluids which, by infiltration, cause pyæmia. The former author, instead of a local agent, advocates ergot of rye administered internally, and thinks that, acting primarily upon the blood, he can prevent the poisoning of this fluid by pus. In the course of the discussion, M. De Paul, one of the leading obstetricians of Paris, made a statement worthy of record. He said

that he had instituted experiments to test the value of ergotine in midwifery, and that from these he concludes that ergotine can in no way take the place of the ergot. He never uses the former in languid uterine action.

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A New Way of Treating Cancerous Tumours.—The Italian medical journal *L'Ippocratico*, quoted by *L'Imparziale* of the 16th inst. (November), mentions a mode of procedure, proposed by Dr. Thiersch, to modify or remove cancerous tumours, whether ulcerated or not. He starts from the supposed action of medicinal agents in the *nascent* state, this action having a great power of modification without exciting either inflammation or gangrene. He therefore injects the carcinomatous tumour and the sound parts in its immediate vicinity with a solution of nitrate of silver, and accelerates the formation of chloride of zinc by injecting, soon afterwards, water holding common salt in solution. With the subcutaneous syringe Dr. Thiersch used, in the case of a tumour of the face, the first salt of the strength of 1 to 5000 of water, the chloride solution being 1 to 2500. These injections were repeated about twenty times along the margin of the tumour, half an inch from one another. About fifteen more were used in a vertical direction, and more upon the nodosities of the tumour itself. Ten minutes afterwards the common salt injections were made in the interspaces of the silver injections. Stronger solutions were used for several days, at intervals of twenty-four hours. Suppuration was soon discernible. At last healthy granulations appeared. Solutions still stronger were now injected, but the patient unfortunately had pyæmia. It is not said whether the result was fatal, but the author holds that his method should be extensively tried.—*Lancet*, December 22, 1866.

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Syphilis extensively propagated by Vaccination in France.—In a western department of France (Morbihan) some villages have been the theatre of severe syphilitic symptoms upon more than thirty children, who had all been vaccinated from a little girl with six punctures on each arm, the child herself having been operated upon from another who had been vaccinated from lymph preserved between two plates of glass obtained from the authorities. This misfortune created so much sensation that the Academy of Medicine of Paris sent down two Commissioners, Messrs. Henry Roger and Depaul. These gentlemen have just presented their report to the Academy, and this important document ends with the following considerations: 1. Several of the children whom we have examined were undoubtedly suffering from secondary syphilis. 2. We see no way of explaining this contamination but by vaccination; and we are confident that the cases we have seen were really syphilis engendered by vaccination. 3. As to the origin of the virus, it is very probable that the poison is traceable to the lymph, preserved between two pieces of glass, supplied by the authorities. As primary symptoms were also observed among the children, M. Ricord begged the commissioners to insert that fact in their report, which these gentlemen agreed to do. Here we unfortunately have again repeated the sad occurrences which took place at Rivalta (Italy) a short time ago.—*Lancet*, Dec. 15, 1866.

—

Absence of Urethra and Clitoris.—M. Surmay mentions, in *l'Union Médicale* of the 22d instant, the case of a little girl, aged fourteen, who was brought to him on account of retention of urine. The labia majora and minora were incomplete, the urethra and clitoris completely wanting, and the constant dribbling of urine partially prevented by a protrusion of a portion of the vesical mucous membrane. Though the author diligently consulted books on the subject, he found no description of a similar case, except in Petit's surgical works, who mentions two analogous cases.—*Ibid.*

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Regeneration of the Spleen.—M. Philippeaux contends that when the spleen has been completely removed from the body of mammals, and then replaced, it soon assumes its former characters and position. He records numerous experiments which strongly support his conclusions, and gives a detailed account of the nature of the operation. The spleen, having been removed from the abdomen, is placed upon the table, measured with a pair of compasses, and then introduced into the abdomen. In animals which were killed at periods of four, five, ten, and fifteen months subsequent to the operation, the spleen was found engrafted upon various parts of the peritoneum, but

oftenest upon the left side and near the left end of the stomach. Careful examination showed numerous minute vessels, which passed from the hilum of the spleen into the substance of the mesentery. These, says M. Philippeaux, were evidently the vessels through which the circulation in the spleen was re-established.—*Lancet*, Dec. 15, 1866, from *Comptes Rendus*, vol. 63.

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Cause of Anencephalic Monsters.—A very important essay on this important physiological question has been written by M. C. Dareste. Two theories have hitherto been entertained, and strangely enough, these two, though apparently conflicting, have been shown by M. Dareste to be strictly true. Haller and Morgagni believed that the cause lay in the existence of a dropsy of the spinal cord, which tended to destroy the nervous substance. Geoffroy St. Hilaire, on the other hand, looked upon the cause as an arrest of development. Both hypotheses are, in some measure, correct, according to the results of M. Dareste's inquiries; but Haller and Morgagni erred when they said that the effusion destroys the nervous substance. In point of fact, M. Dareste has discovered that the effusion appears before the nervous substance, and thus hinders its development. But this distinguished physiologist has gone a step further than his predecessors in demonstrating that the effusion in question is the result of an extremely anæmic condition, which is the first unusual symptom that presents itself. In some instances he has seen this dropsy affect both the true and false amnion, and occasionally extend even to the whole of the tissues of the body.

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The Cholera Epidemic in London.—One death only from cholera was registered in London last week—that of a child in the district of Poplar—and thus, so far, at least, as the present year is concerned, we may safely assume that we have arrived at the vanishing point of an epidemic which, in twenty-three weeks, has caused the deaths of 5548 persons within the area of the metropolitan districts. Whether it is really dead, or only sleeping, the wisest amongst us cannot know. While, therefore, we felicitate ourselves upon the relief which its departure affords, it is most earnestly to be hoped that an eye may be kept on future possibilities, so that, if the unwelcome guest return, we may not be, as it has so often found us, unprepared. Our foe works, to some extent, in the dark. We know generally the conditions which give us the advantage, but there are powers of combination, and forces brought into play against us whose operation we do not fully apprehend; hence the issue, which often appears almost purely fortuitous, is, after all, the result of design.

In 1849 the estimated population of London was 2,286,635, and the deaths in the whole of that year from cholera were 14,137, from diarrhœa 3899, and from cholera and diarrhœa together 18,036. In 1854 the population had increased to 2.504,300, and the deaths from cholera in 52 weeks were 10,738, from diarrhœa 3147, and from both diseases 13,885. In 1866, out of an augmented population of 3,037,991, the deaths from cholera in 23 weeks were 5548, from diarrhœa 2692, and from both diseases 8240.

The remarkable difference in localization which the recent epidemic exhibits compared with those of 1849 and 1854, will be appreciated in the subjoined calculated ratios of deaths to population:—

Proportional number of Deaths to 10,000 *living.*

	Cholera.			Diarrhœa.			Cholera and Diarrhœa.		
	1849.	1854.	1866.	1849.	1854.	1866.	1849.	1854.	1866.
London . .	61.8	42.9	18.3	17.1	12.6	8.9	78.9	55.5	27.2
West districts	33.8	50.8	3.6	13.4	10.9	7.2	47.2	61.7	10.8
North "	20.4	14.7	6.1	14.4	9.6	8.0	34.8	24.3	14.1
Central "	44.0	16.4	9.2	14.0	10.1	10.1	58·0	26.5	19.3
East "	66. 0	29.3	64.3	18.8	13.3	13.6	84.8	42.6	77.9
South "	120.1	86.8	8.1	22.0	16.9	6 7	142.1	103.7	14.8

In applying these results we must not lose sight of the lesser duration of the epidemic of 1866; for instance, in 1849 and 1854 the deaths for the whole year are

taken, while in 1866 the period of observation is less than half a year, and therefore the *annual* mortality rate from cholera in 1866 for London differs little from that of 1854. The Western districts show a decline on the former cholera death rates, which is most gratifying in so far as it is due to increased vigilance in sanitary matters, but the change in the relative positions of the East and South districts is undoubtedly the great fact which the Registrar-General's returns disclose in connection with the recent epidemic. If the cholera had extended over 52 weeks this year instead of 23, the mortality in the East districts would have been more than twice as great as in 1849, and nearly six times as great as in 1854; while the districts South of the Thames, which were visited so exceptionally in both the former epidemics, have this year, save in one or two instances, been singularly free from the disease.

Whatever diversity of opinion there may be about the causation of cholera—whether air or water is the chief agent for its propagation—few, we imagine, will differ with the Registrar-General in the remarks with which he closes his review of its history as written in the records of his department:—

"In London cholera has not only been less fatal than it was in previous epidemics, but its fatality has been reduced almost to insignificance in several of the districts by the mere force of hygienic science, before which the destroyer has retreated step by step; never, however, losing an opportunity of asserting its full power wherever negligence or ignorance presented an opening, either in England or in the cities of the Continent of Europe.

"Cholera obeys certain laws, and the knowledge of those laws renders its subjugation in Europe practicable, provided all the people as well as the government will co-operate in the work. This, it may be hoped, will be done, and it only remains for the metropolis of this empire to hold its own, and to keep the lead."—*Med. Times and Gazette*, Dec. 15, 1866.

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Notes on the Investigation of the Action of Electricity on Muscles and Centres.—A full knowledge of anatomy is absolutely necessary for the proper application of medical electricity. Moreover, it is desirable that the practitioner should know as much as can be known of the medical physiology of muscles and centres for muscles. A great deal has yet to be done in ascertaining the precise mode of action of electricity on muscles paralyzed by disease of nerve trunks and centres, and in experimenting it is most desirable to obtain "known quantities" on which to experiment. Let us illustrate by a common form of local palsy—paralysis of the portio dura. It may be fairly said that this symptom is but an incident. To say that a patient has paralysis of the portio dura is almost as loose as it would be to say he has a cough. It may mean very much or very little. It may pass off without treatment, or it may never pass off at all. We have seen it in infants and in old men. It may be due to disease in the pons Varolii, to tumours within the skull, to disease of the petrous bone, and to swelling of the parotid gland. The nature of the disease damaging this nerve-trunk is most various. When in the pons Varolii it is frequently blood-clot, but sometimes tumour. We have seen it due to syphilitic disease of the pia mater, fracture of the base of the skull, inflammation of the mucous membrane of the tympanum, to external wounds, and to many other causes. We may just add, however, that in our experience this form of paralysis has rarely seemed to have been caused by exposure to cold, although it is very frequently attributed to that cause by the patient. We would suggest, then, that some cases of paralysis of the portio dura in which, from the presence of paralysis of the sixth nerve and hemiplegia of the opposite side of the body—all coming on suddenly together—there can be no doubt the disease is central, and other cases in which the nerve-trunk has been damaged from external injury, should be taken for first trials of the effects of galvanism on muscles. It would be interesting in this way to compare and contrast precisely the behaviour under different kinds of electricity of muscles paralyzed by disease of a nucleus and by disease of a nerve-trunk. We must carefully bear in mind—we speak of recent cases—that when paralysis of the muscles supplied by the portio dura nerve passes off, we cannot be sure that it has passed off because galvanism was used. For we know that paralysis of the portio dura from central disease—we do not say from disease of its nucleus—will sometimes pass off without any particular treatment. Indeed, we scarcely

know how it will be possible to estimate precisely the therapeutical effect of galvanism in recent cases of paralysis due to central disease. The persistence of hemiplegia from disease of the corpus striatum seems to be nearly altogether a question of the size of the clot effused, and not a question of the doctor's therapeutical skill. If the clot be a very small one, the patient will rapidly recover; if a very large one, he will certainly remain paralyzed. Before passing to further illustrations, we may remark that each of the various forms of spasm of the face, and they are not few, should be carefully considered in an inquiry as to the therapeutical and physiological effects of galvanism.

We think that the muscular region which the corpus striatum commands is one in which it is most desirable that experimental investigations should be first made, with a view to obtaining a more complete knowledge of the physiological action of galvanism on muscles in various states. Disease of the corpus striatum is frequent, and causes hemiplegia—from numbness to paralysis of the limbs, the arm being frequently quite motionless. But there are other conditions of muscles of this region—the region of the limbs our chief voluntary organs—viz., irregular movements (chorea), and convulsive spasms (epileptiform seizures). One physician has expressed his conviction that to disease of the corpus striatum or of convolutions near it unilateral chorea is due, and that to disease of the hemisphere near the corpus striatum, and perhaps of this body itself, certain epileptiform fits are owing. At all events, the various *conditions of muscles and muscular groups* of this region—let us limit ourselves to the arm, which seems to be the limb over the intelligent movements of which the corpus striatum chiefly presides—should be compared and contrasted. For besides permanent paralysis, continuous or intermittent irregular movements, and occasional spasm of the muscles of the limbs on one side (which symptoms might be called hemiplegia, hemichorea, and hemiepilepsy), there are to be found other conditions which have obtained special names—*e.g.* the contracture of the arm and leg (which form of muscular disorder seems to occur only in the hemiplegia of children), tremor, and rigidity. Besides, there are to be met with a few cases in which spasms, jerks, irregular movements, and contractures are so varied or mixed that it is not easy to put in words what sort of muscular disorder is the most striking phenomenon. We should, however, study from health all variations of muscular life, without undue adhesion to any views and theoretical explanations the terms epilepsy, chorea, and contracture may be supposed to carry.

It seems not improbable that age has much to do with the condition of muscles which enervation of the corpus striatum or its region brings about. With few exceptions profuse irregular movements are not seen before voluntary movements are learned, nor after they have been fully acquired. Then, as we have said, contracture (which seems to be halfway betwixt irregular movements and spasm) very rarely begins after early childhood. These differences are possibly due to incomplete physical development—the young corpus striatum not being sufficiently equilibrated with the rest of the organism. But the exact position, nature, and degree of the disease must have much to do also in determining the sort of muscular disorders of the limbs in young children. But on most of these points, although there are speculations, we have no positive information. We can only study with precision the outward phenomena—the muscular disorders in what we may safely call the limb region, if not the corpus striatum region. We may almost say that from paralysis, through chorea, to occasional spasm, there are different degrees of muscular life in time—first time in the common sense of the age of the patient, and, second, in the sense of the time of the whole organism. The one may be supposed to account for the differences in the nature of the *permanent* condition of muscles, and the other for variations of movement from almost *constant* rigidity through nearly *continuous* irregular movements to *occasional* attacks of spasm—attacks sometimes occurring with an approach to periodicity easily stated in solar time. In one sense we live in time; but in another, time—the relation of nutritive changes of tissues to the possibilities of the functions of organs—lives in us. No doubt, the movements of the muscles in chorea, epilepsy, etc., are rough indications of the degrees of changes in the organ impaired in relation to the general nutritive changes of the body. We can, however, at present

only state roughly how the movements vary by hours, days, or weeks.

This part of the inquiry would be chiefly physiological. In cases of occasional unilateral convulsive seizures, the muscles could rarely be caught by the operator in the midst of their fault. Yet, in some cases of unilateral epileptiform seizures, the patient is subject to local spasm—so called warnings or partial fits—which last for a long time—*e.g.*, half an hour. Then it is believed by some that the galvanism influences the nutrition of the centres, on affection of which centres the disordered muscular actions depend.

Now, of course it is undesirable to have to make physiological experiments on muscular disorders when we are not satisfied—for most people do not admit that the seat and nature of the changes in cases of chorea and epilepsy are known—as to the nature and place of the central disease. But let us estimate so far as we can, taking health—not chorea, contracture, epilepsy, etc.—as a standard, the varying nature of muscular disorders, according to region affected, the age of the patient, etc., the time of the part and the time of the organism, and thus we shall get a valuable, although may be a provisional, kind of order for our investigations of electrical physiology. This can be done without any theory. It may give order to our work to give names (if we can do so without sacrificing too much freedom) to the different states of muscular disorders—(1) in region affected, (2) in evolution of movement, (3) in age, and (4) in the changes of movement in time, etc. In most of the cases of disordered functions of muscles just spoken of, the damage to structure is slight, but probably wide-spread. Cases of palsy, loss of function, in which nervous structure is coarsely and largely damaged, are met with in plenty, as in hemiplegia in adults. In adults, too, we may often infer the condition of nerve-tissue on which hemiplegia depends—at all events, betwixt the two things, tearing up by blood-clot, and softening by plugging of the middle cerebral artery.

So far we have spoken of cerebral centres, but the rest of the arm-nervous-system—from the corpus striatum to the ending of nerves in muscles—presents an excellent field for studying at once the evolution of movement and the action of galvanism on muscles paralyzed, or impaired, by damage at various points of this nervous system. We often speak of paralysis of particular muscles when probably we should speak of loss or impairment of power to execute complex movements, in which movements single muscles are only partly engaged.

The physiological effects of galvanism on muscles paralyzed by section of nerve-trunks, when sensation and motion are both lost together, can often be tried in the arm, as the ulnar nerve is not unfrequently divided by accident. This we would call a geographical paralysis. Then in the arm we meet—besides such random mischief as division of the ulnar nerve-trunk leads to—defect in a higher evolution of motion, a loss of a *physiological movement*, such as one for moving the shoulder. This sort of paralysis can rarely be shown to be due to defect in any one nerve-trunk, on the peripheral side of the brachial plexus at least, and seems to us to be most probably owing to disease of some centre, possibly vaso-motor, in the spinal marrow itself; yet it may be due to disease of a nerve-trunk of or above the brachial plexus; but, strange to say, there is no evidence whatever, so far as we know, to show what effect section of any *one* of the spinal nerve-roots, or of *one* of the cords of the brachial plexus, would have on the movements of the limb. This kind of knowledge, moreover, it is most desirable to obtain, and, to get it, it is needful for the student of the evolution of movement to work with the medical electrician at all sorts and degrees of local loss of power of the arm. The application of galvanism might enable us to decide more certainly on the exact degree and place of paralysis of muscles. As a matter of speculation, one would suppose that the higher disease was placed in the increasing complexity of movement; the more general and the wider would be the loss of power in the limb. The corpus striatum would seem, from pathology, to be made of physiological units, each representing the whole of the movements of the limbs.

We trust these remarks may not be out of place. It is not by merely arranging our work into sections that progress is made. Each differentiated part of the organism is—to use again the term we have borrowed from Spencer—a physiological unit; and thus each doctor, although differentiated to be an electrician, an ophthalmologist, a

laryngoscopist, should be, in Spencer's sense of the term, a physiological unit of the whole organism of medical science.

It is quite clear that to obtain scientific evidence to show what medical electricity can do, it is a mere waste of time to apply galvanism to paralyzed muscles without careful consideration as to the seat of the disease and as to the nature and degree of the damage to the nervous centres. In this, as in therapeutical investigation, our anatomy and physiology must largely influence us. The wide meaning of facial paralysis from damage to the portio dura nerve fully illustrates this. It is quite true that in not a few cases of this form of local palsy we cannot get to know to what it is due. We must, then, be content to be ignorant, and seek for instances in which the cause is less doubtful. From a broader basis we must study how *nerve-trunks can* suffer, and this study is best begun by watching changes—the two kinds of atrophy—in the optic disk. We may then with more certainty consider how *particular* nerve-trunks are damaged from the peculiarities of their geographical position and functional connections.—*Med. Times and Gaz.*, December 1, 1866.

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Action of the Electric Current upon Ozonized Water.—"Cosmos" notices some curious experiments by Prof. Horn of Munich. On sending the current from an electric machine, the plate of which was more than three feet in diameter, through a glass of ozonized water, it was found to be saturated with some compound of cyanogen. This water if drank produces all the symptoms of cholera. This disease, which is produced artificially, is instantly stopped by drinking water saturated with ozone.

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M. Fremy's Experiments upon the Crystallization of Insoluble Compounds.—It occurred to the author that if he could effect in a very slow manner the precipitations and decompositions which, in the laboratories, produce amorphous bodies, owing to the instantaneity of their formation, he might succeed in obtaining them in the crystalline form. In some experiments the two bodies were introduced into liquids of different density containing gum, sugar, gelatine, &c.; in others, the phenomenon of endosmose was had recourse to; in other trials, wood or unglazed vessels were employed, the result in almost all cases being that he obtained in the crystalline form such insoluble bodies as sulphate of baryta, sulphate of strontia, carbonate of baryta, carbonate of lead, sulphate of lead, oxalate of lime, borate of baryta, chromate of baryta, magnesia, and several sulphides.—*Med. Press and Circular.*

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Samandarine.—The poison of Salamandra maculata is obtained in the form of a milky liquid by grating the posterior parts of the head and back of the animal on the edge of a spoon or the back of a scalpel. The liquid which exudes is white, viscous, strongly alkaline, and bitter; and contains a quantity of globules which disappear when alcohol, ether, and acetic ether, are added. The symptoms provoked by the absorption of samandarine, or of the secretion itself, succeed each other in about half an hour in the following order: anxiety, trembling, epileptic convulsions, opisthotonos, and death. Dr. Zalesky's method of isolating the poisonous body is given in the *Bulletin of the Chemical Society of Paris*, 1866, p. 344. Its composition is, carbon, 34; hydrogen, 60; nitrogen, 2; oxygen, 5.—*Lancet*, Nov. 17.

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Diminished Fruitfulness of Marriages in France.—M. Husson has just made a statement at the Imperial Academy of Medicine to the effect that formerly five children might be counted for each marriage in France; at the commencement of the century that number fell to four; and now each marriage hardly produces three children in the country, and two in Paris.

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Living (?) Organisms in Chalk.—Strange as it may appear, M. A. Bechamp, one of the most celebrated of French chemists, alleges that chalk contains an abundance of minute *living* cellular organisms, and in proof of this assertion, he points to the known fermenting power of chalk, and offers also microscopic evidence of the presence of these minute bodies. Chalk is known to contain fossil foraminifera in such large quantities that 100 grammes would furnish as many as 2,000,000 specimens. But, says M. Béchamp, in addition to these, chalk undoubtedly contains other organisms more minute than any of the infusoria, and these, though perhaps millions of years old, are still living. Take, he says, from the

centre of a piece of chalk a portion of the substance, crush it, and mix it with pure distilled water, and examine it with a high microscopic power, and you will see numerous minute brilliant points exhibiting a peculiar trembling movement. That this movement is not what is termed *Brownian*, M. Béchamp considers to be proved by the facts: (1) That these particles, when isolated, act as powerful ferments; and (2) that when analyzed they are found to consist solely of carbon, hydrogen, and nitrogen. We must confess that M. Béchamp's views startle us, and we should like to see them corroborated. All microscopists are familiar with peculiar trembling movements of the particles of matter contained in the cavities of crystals. Further, we should like to know how M. Béchamp contrived to separate these wonderful organisms, which he terms *microzyma cretæ*, from the organic remains of the surrounding foraminifera. A living organism as old as the chalk formation is certainly an eighth wonder of the world.—*Lancet*, Dec. 5, 1866.

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Smallpox in London.—It is not pleasant to know that the Smallpox Hospital is full to overcrowding, and that variola is on the increase in different parts of London. St. Giles's is now suffering, and a serious outbreak is reported in the parish of Marylebone; it is, however, at present confined to a very circumscribed area in the district of Christ Church, and is spreading chiefly in consequence of the overcrowded state of the locality. Some of the worst cases (and about sixty or seventy have already been reported) have occurred in damp, dark back kitchens, in which perhaps a man, wife, and four or five children have been compelled to live.—*Lancet*, Jan. 5, 1867.

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Popular Lectures.—Prof Huxley is giving a course of lectures to workingmen at the Geological Museum in Jermyn-street; the subject being Birds and Reptiles. The fee for the course of six is sixpence. The lectures hitherto given have been most fully attended.—*Lancet*, Nov. 17, 1866.

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Invention of the Guillotine.—The history of this invention has, it seems, been wrongly told, and M. Dubois, Perpetual Secretary of the Academy of Medicine, in a discourse delivered before that learned body on the last days of another celebrated perpetual secretary, Antoine Louis, of the Academy of Surgery, furnishes the correct version. The physician Guillotin, the supposed inventor of this instrument of punishment, was, as one of the members of the Constituent Assembly, fully impressed with the doctrines of equality which prevailed at that time, and among other motions he made in that body in furtherance of these was one on the mode of performing capital punishments. It was contrary to the spirit of the day that, as hitherto had been the case, decapitation should be reserved for the nobler sort and for the higher crimes, as high treason, while those of lesser degree were subjected to hanging, with the consequent stain thus brought on their families. Accordingly, in 1789, Guillotin carried, amidst the acclamations of the Assembly, that all crimes of the same kind should be punished in the same manner, whatever the rank of the culprit. Further, he expressed the desire that decapitation should be executed by some less uncertain and less painful mode than by means of the ordinary axe. And this is all he had to do with the invention of the celebrated instrument to which his name has been given. It was more than two years after this—viz., in 1792—that any attempt to carry the idea into practical operation was made, when a Committee of the Legislature appointed to consider the subject addressed a written consultation to the Academy of Surgery concerning it, and the reply to this fell to the province of Louis, the Secretary, who almost may be said to have constituted the Academy at that time, the object being to ascertain how decapitation could be executed with most certainty, celerity, and uniformity. Louis at once accepted the task, and not only supplied to the Assembly an elaborate account of the mode of construction of the knife, and the position in which the criminal should be placed, but had a model instrument constructed at the Bicêtre which was satisfactorily worked upon dead bodies in presence of a committee of the Assembly. Louis' proposition was submitted to the Assembly March 20, 1792, and the instrument was first employed on a man condemned for robbery on April 25. Louis died a few days before the first of the long series of political victims came under its terrible edge. Although none will doubt the excellence of the motives which induced Louis to undertake his

ungracious task and the completeness with which he accomplished what he had in view, yet M. Dubois rightly declares that the fulfilment of such a mission was no part of the duty of a surgeon, and that he ought to have rejected it. One of the apparent advantages of the instrument—the celerity of its operation—was no doubt a cause of a greater amount of blood being shed during the Revolution than would have been the case had executions been performed more slowly. Thus 21 of the Girondons were executed in 31 minutes, and at a later period 62 heads fell in 45 minutes. It is strange indeed that Guillotin's name should have become indelibly attached to an instrument with the invention of which he had nothing whatever to do, and which, as M. Dubois remarks, should rather have been termed a Louison or Louisette. The only explanation is, that his proposition in the Assembly in 1789 became the subject of ridicule by the pens of some of the Royalist writers, the word "guillotin" being found in some of the doggerel verses of the day.—*Med Times and Gazette*, Oct. 20, 1866.

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The Fatality from Fire-Damp.—A recent official return of the colliery accidents which occurred during the ten years 1856–65, shows with painful distinctness the dangers which beset coal-mining. The death-roll for the decade includes no less than 9916 individuals, of whom 2019—that is, about one-fifth—were killed by explosions of fire-damp alone.

The number of male coal miners employed in 1865, according to a computation by the inspectors of coal mines, was 315,451. The mortality from accidents amongst these miners during this year average 1 in every 321; and the raising of every 100,519 tons of coal cost, in the mean, one life. The number of collieries in work in 1865 was 3215.—*Lancet*, Jan. 5, 1867.

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New Underground London.—The latest statistics of the new Metropolitan Main-Drainage Works are very curious. The total length of new sewers at present completed is eighty-two miles, and the works, when finished, will have cost £4,200,000. The drainage intercepted and carried off by these sewers is derived from an area of about 117 square miles, and a population of 2,809,000. The amount of sewage carried off on the north side of the Thames amounts to 10,000,000, and on the south to 4,000,000 cubic feet. In the construction of the works 318,000,000 bricks and 880,000 cubic yards of concrete have been used, and about 3,500,000 cubic yards of earth excavated. This grand system of sewerage has been constructed under buildings, and over and under canals, rivers, and roadways, from twenty-five feet above, to seventy-five feet below, the surface, without any important casualty or interference with the public convenience or traffic. The constructural arrangements of the metropolis would appear to be more wonderful and successful below the surface than above.—*Lancet*, Jan. 5, 1867.

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Health of St. Thomas.—A private correspondent, writing from Jamaica, says: "The last packet from St. Thomas brings us news that yellow fever, smallpox, and cholera are all prevailing there. In fact, we have already some ten deaths of persons from St. Thomas, and the disease [yellow fever?] has made its appearance on the gunboat *Nettle*, the steward and the captain being both dead." At St. Thomas, up to eight A.M. on December 12th, the deaths from cholera had amounted to 288. The daily mortality from the epidemic for the week ending the date named was as follows: Dec. 6th, 10; 7th, 21; 8th, 15; 9th, 32; 10th, 21; 11th, 23; 12th, 29. The weather was broken and unfavourable, with cold bleak nights.—*Lancet*, Jan. 5, 1867.

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University of Edinburgh.—Dr. A. Dalzell and Mr. James Dewar have been appointed assistants to Professor Playfair; Dr. Arthur Gamgee has been appointed joint assistant to Professors Christison and Maclagan; and Dr. Keiller has been appointed to act as substitute for Professor Sir James Y. Simpson, M.D., during his illness.—*Lancet*, Jan. 25, 1867.

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Horsemeat.—It is said that between forty and fifty thousand pounds of this are consumed in Paris every week.

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Population of Paris.—The census of 1866 shows the population of Paris to be 2,150,916.

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CLINICS.

CLINICAL LECTURE.

Clinicol Lecture on Cases that Bone-Setters Cure.—Delivered at St. Bartholomew's Hospital. By JAMES PAGET, Surgeon to the Hospital.

After systematic lectures on the chief injuries of the bones and joints, it may be useful if I try to enforce by particular illustrations some of the general principles that I stated; and it may secure your attention if I use the form of speaking of the Cases that Bone-setters Cure. For few of you are likely to practise without having a bone-setter for an enemy; and if he can cure a case which you have failed to cure, his fortune may be made and yours marred.

I believe that, in the large majority of cases, bone setters treat injuries of joints, of whatever kind, with wrenching and other movements of them. The proceeding was described to me lately by a gentleman who had a well-marked fracture at the lower end of his radius. He had been to a distinguished bone-setter, who, with a glance at the wrist, said: "You ha' put out your wrist, that's what you ha' done;" then violently stretched and moved the joint; then said: "Now you go and hold that under my pump;" and, after the cold douche, took his fee. The fracture, being none the better for this treatment, was, at a second visit a few days later, wrenched, pumped upon, and paid for. But, this time, much pain and swelling followed; and the patient had the wisdom to call himself a fool, and to go to his usual medical attendant, who sent him to me.

Cases of this kind are of frequent occurrence. To the bone-setter, every injured joint is "put out;" and the one method of cure is the wrench and the rough movements, by which it is said that the joint is "put in" again.

Now, it would be of little use to us to estimate, even if it were possible, the

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quantity of mischief done by treatment such as this. It is more important to know and consider that it sometimes does good; that, by the practice of it, bone-setters live and are held in repute by the ignorant of all classes everywhere; and that their repute is, for the most part, founded on their occasionally curing a case which some good surgeon has failed to cure. For here, as in all similar affairs, one success brings more renown than a hundred failures or mischiefs bring disgrace. The patients who are cured never cease to boast of their wisdom in acting contrary to authorized advice; but they who are damaged are ashamed of themselves, and hold their tongues.

What, then, are the cases that bone-setters cure with their practice of wrenching?

First, of course, they have a certain number of real fractures and dislocations which they reduce, and of old ankyloses which they loosen. Of these, I need say nothing; for I believe there is nothing in their practice in these cases which is not as well, or better, done by regular surgical rules.

Next, there is a rare accident which a wrench may cure, and which, if you are not on your guard, you may fail to make out; namely, the slipping of a tendon. I have known the tendon of a peroneus longus slip to the front of the outer malleolus; and an extensor tendon of a finger slip over the heads of the metacarpal bone and first phalanx; and here, from our museum, is the long tendon of a biceps slipped from its groove. Of these accidents, the first two may be made out by feeling the displaced tendon and the gap where it should be; the third may at least be guessed at by the signs which Mr. Soden has pointed out in his case, related in the *Medico-Chirurgical Transactions*; the slight forward prominence of the head of the humerus, its drawing up under the acromion, and the pain at the lower end of the biceps on stretching it. As to this displacement, however, I doubt whether it would be ever so certainly made out as to be fairly reduced; the others, at the ankle and the finger, should be remedied by relaxing the slipped tendon as extremely as possible, and replacing it with lateral pressure and sudden stretching.

Some other tendons may slip, I believe, like these; the tendon of the popliteus appears very likely to do so; and I can hardly doubt that a bone-setter has occasionally done, unwittingly, a lucky trick, when, with wrenchings and twistings of a joint, he has made some dislodged tendon slip back to its place.

But there is a set of cases much more common than these, which may be cured with wrenching and rough movements; namely, the so-called internal derangements of the joints. The knee-joint is by far the most frequent seat of this injury, whatever it is; but the like occurs in the lower jaw-joint; and I have known very similar signs of injury at the hip and elbow. The most marked sign is that, while the joint is being moved in some ordinary action, something is felt slipping, or suddenly caught between the bones, and a great pain comes, and the joint is locked. It will move in one direction, not in the opposite one: just like a hinge with a stone in it (as a patient described it to me). The locking of the joint, which is, usually, at moderate flexion, is soon followed by effusion of fluid into it, and other signs of more or less acute inflammation of the synovial membrane; and, if nothing be done, these last for some days, or even for some weeks before, with subsidence of the inflammation, the joint gradually regains mobility.

Many of these symptoms are like those due to a loose piece of cartilage in a joint—a much rarer condition. But, with loose cartilages, joints are not, I think, often locked for any length of time; they are stopped with extreme pain when the cartilage gets between the bones, but it soon escapes and they go again. In some of the cases of what I am calling locked joint, at the knee or lower jaw, it is probable that one of the interarticular cartilages slips and is nipped between the bones. We have, in the museum, a cast from a knee in which it is certain that this happened. But in some cases it seems more likely that a fold of synovial membrane, or a portion of capsule, is caught and nipped. However, we may explain the accident, it is one of those that may be cured by the bone-setters. Such movements as theirs are not, indeed, necessary; and none should be practised recklessly or without pain; but force may be requisite, and, if used knowingly, will certainly set a locked joint right again.

Sometimes a patient learns for himself how to unlock his joint, and can do it gently, first, in the case of the knee, bending and then with slight rotation slowly stretching it. But he may need more force

than he can use for himself; and you may apply it better than a bone-setter can.

In the case of the knee, the "lock" usually takes place with the joint moderately bent and the leg rotated outwards. You must unlock it by extremely bending the joint, then rotating the leg inwards, and then suddenly and forcibly extending it. In the same manner, for any other joint that appears to slip and lock, you must observe the direction in which the patient can easily move it, and the direction in which movement is impossible or very painful; then you must move it, first, extremely in the former direction, and, secondly, forcibly in the latter. The manœuvre is sometimes extremely painful; and the force required for success may be greatly augmented by muscular resistance. In either case, the use of ether or chloroform may ease both the patient and yourself.

A fourth set of cases that may be cured with wrenching, or other forcible movements, includes those in which injured joints are held stiff, or nearly stiff, by involuntary muscular action. You may meet with such cases in patients of any age; but they are most frequent among the young. Sometimes after a well-treated fracture near a joint; sometimes after a sprain; sometimes when a joint has been hit hard—stiffness remains, which is due solely to muscular action; and this stiffness in some cases is constant, and in others ensues on slight attempts at motion.

Any joint, I believe, may be in this condition at any time after an injury. I have seen it at the elbow, shoulder, cervical spine, hip, knee, and ankle; in some instances a few hours after the injury, in some, several weeks. You may know this muscular kind of stiff joint by this, among other signs: that the stiffness is not a dead block, as if by meeting of displaced bones, nor has rigid resistance, but yields a little, as if with the "giving" of a firm elastic substance which instantly recoils. Besides, you may generally feel the muscles in action; not hard and vibrating as if with all their force, but firm, steady, and resisting. If, however, you have any doubt about the diagnosis, chloroform will settle it. As soon as the patient becomes quite insensible, the muscles relax, and the previously stiff joint becomes freely movable.

Herein appears the best mode of cure. Bone-setters violently move the joints against the muscular resistance till the muscles are wearied and beaten, and you may do the same; but the proceeding is very painful, and often needs a painful repetition. A far better plan is to have the patient under chloroform, and move the joint quietly, and then to confine it with splints in a posture opposed to that in which it was stiff. After a few days, it may be moderately exercised, douched, and shampooed; but in the intervals of this treatment the joint should be confined with the splints, if it should appear to be becoming stiff again.

You may sometimes see another condition, very like this involuntary muscular rigidity of joints, in young children. If one of its limbs be hurt, a young child will sometimes hold the limb steadily in one position, and complain if it be moved. Thus, a child, whose thigh has been strained, will stand on the other leg and keep the hurt thigh lifted up, as if for extreme disease of the hip joint; or for similar hurts, will, for even many days, keep its arm close to its side, or its elbow-joint steadily bent.

Perhaps, some of these cases are the same as those I last spoke of; but in many of them the muscular fixing of the part has seemed to me not involuntary. It is more like a trick, or an instinct of fright, lest the part should be hurt again. Certainly, the muscles relax instantly in sleep, and not unfrequently when the attention is distracted from them.

I suppose that bone-setters would cure this state with their panaceal pulling; but, happily, they are allowed to have but little practice among children. Happily, I say, for children's joints are much more imperilled by violence than are those of older patients; and you cannot be too cautious in concluding, when a child holds a joint fixed, that there is really no disease or serious injury. All the evidence must be negative; and an oversight may be disastrous.

However, you need not use any kind of force in this kind of contraction in a child. If the part be only allowed a few days' rest, it will get well; unless, indeed, it be seriously damaged—in which case you will have done well by avoiding all violence.

In another set of cases, there is no doubt of the voluntary character of the muscular rigidity of a joint. You saw lately a girl in Lawrence Ward who wilfully resisted all movements of a hip that had been

only slightly hurt. If a bone-setter had wrenched her joint, it might have served her right, and the pain might have cured her temper. But she recovered just as well when she saw that she did not deceive us and was not pitied.

Now, among all these cases of muscular difficulty, there is a good harvest for bone-setters; and, without doubt, their remedy, rough as it is, is often real. Yours may be as real, with much less violence; and, with better diagnosis than they can ever make, you may do none of the harm that they often do.

But there is a yet larger class of cases which bone-setters sometimes succeed in curing very quickly; namely, ordinary sprains.

I cannot doubt that some recently sprained joints may be quickly cured, freed from pain, and restored to useful power, by gradually increased violence of rubbing and moving. This method of treatment has many times been introduced into regular surgery; but it has never been generally adopted, or, I think, long practised by any one. I suspect that it sometimes does no good, and sometimes does harm enough to disgust an honest surgeon.

I believe that the best mode of applying this plan of treatment is, to begin by handling, rubbing, and pressing the sprained part and its neighbouring structures very gently. After doing this for fifteen or twenty minutes, the rubbing and pressing may be increased in hardness, and the joint may be more freely moved, especially in the direction opposite to that in which it was forced by the accident. Another quarter of an hour or more thus spent, is to be followed by rougher proceedings of the same kind, till even severe pressure and wide and violent movements can be borne without pain; and then, in an hour or so, the cure is deemed complete, or so nearly complete as to require only a slighter treatment of the same kind on the next day.

I cannot tell you in what kind or proportion of recent sprains you may employ this treatment; indeed, I cannot advise you to use it at all, unless by way of trial in very healthy men. For I do not doubt that it will sometimes do harm; and the greater quickness of cure which it may achieve is not worth a risk, while we can always employ such safe, and not slow, means as the combined rest and support of the sprained parts which are given by strapping or the starched or plaster-of-Paris bandage. In short, this rough rubbing and hard-pulling treatment of recent sprains seems to me one of those dangerous remedies which, though I believe in their occasional utility, I would rather not employ till I can discriminate the cases in which they will do good from those in which they will do harm.

Such discrimination, difficult as it may be among recent sprains, is not very difficult among old ones; that is, among cases in which the ill effects of sprains remain long uncured. It is among these cases that bone-setters, and especially those who combine rubbing and shampooing with their "setting," gain their chief repute.

Among "old sprains," you will find a strange variety of cases—chronically inflamed joints, each probably bearing the marks of the constitutional disease or unsoundness of its possessor; and loose joints, and slipping, and creaking, and weak, and irritable joints, and many more. To all these, mere bone-setting does harm, or no good; and rubbing and shampooing are of little, if any, use; indeed, to a really inflamed joint they would generally be mischievous. But among "old sprains" are not a few cases in which a joint, after long treatment, remains or becomes habitually cold. It is generally stiffish and weak, sensitive, aching after movement, or in the evening or at night, sometimes swollen, puffy or œdematous, but not with an "œdema calidum." Whatever else it is, it is cold, or, at the most, not warmer than the healthy fellow-joint. Among these cold joints, bone-setters and rubbers gain, as I said, great repute; and all the more because they often get the cases after the patients have become tired and discontented with a rather over-careful surgery. Admirable as is the rule of treating injured joints with rest, such rest may be too long continued; and in every case in which it has done full good, it must, in due time, be left off. With rest too long maintained, a joint becomes or remains stiff and weak and over-sensitive, even though there be no morbid process in it; and this mischief is increased if the joint have been too long bandaged, and still more if it have been treated with the cold douche.

I need hardly say that it may be sometimes difficult to decide the time at which rest, after having been highly beneficial,

may become injurious; or that the decision is always a matter of grave importance On the one hand, you and the patient may be losing time through over-caution; on the other, the risk may be incurred, through rashness, of renewing inflammation in a damaged joint. I believe you will be safe if you will take the temperature of the part for your guidance. If the part be always over-warm, keep it quiet; if it be generally cold, or cool, it needs and will bear exercise and freedom from restraint of bandages, with friction and passive movements, and other similar treatment of the reviving kind. And of this you may be the more sure when the cold integuments over the joint are dusky pink or purplish, or become so when the limb hangs down, and when there is little swelling, and when pain is much greater than is accounted for by any appearance of disease.

I do not know whether bone-setters make any discrimination among these cases; and I do not advise you to adopt their rough method in any case; for though they may, when successful, prove emphatically the utility of movements for old sprains, yet the same good may be more safely done with gentler means of the same kind. Exercise of the hurt part should be gradually increased, and always followed by long repose; and the frictions and shampooings should be gradually made harder and more rough, and the passive movements gradually extended. Always, the part, if itself cold, should be, by any means, kept warm; and always the patient's constitutional defects should be watched, and, if possible, amended; for very commonly the chief hindrance to the recovery of a sprain is not local, but some general wrong—gout, chronic rheumatism, or struma, or hysteria, as it is called.

An "hysterical joint" is, indeed, sometimes a rare opportunity for a victory for a bone-setter. Cold, weak, useless for want of power of will, intensely sensitive, subject to all the seeming caprices of a disorderly spinal cord and too vivid brain — such a joint as this may be cured by the sheer audacity with which it is pulled about. If nothing in it but its portion of the nervous system is in fault, this may be sometimes cured through influence on the mind. And so not only bone-setters, but the workers with Mesmerism, and tractors, and oils, and distant or superficial electricity, can sometimes cure hysterical joints: for the patients love to be cured with a wonder; and the audacious confidence of all these conjurors is truly wonderful.

From all this, you may see that the cases that bone-setters may cure, though more by luck than by wit, are not a few. I think it very probable that those in which they do harm are still more numerous; but the lessons which you may learn from their practice are plain and useful.

Many more cases of injured joints than are commonly supposed to be thus curable, may be successfully treated with rough movements—wrenching, pulling, and twisting. The cases that are thus curable I have endeavoured to point out to you. Be on the watch for them. But remember always that what may be treated violently may be treated more safely and as successfully with comparative gentleness; and that, in some cases, you may very advantageously use chloroform or ether. And remember, also, that no degree of violence, not even such movements or exercises as I have advised, can be generally safe in the treatment of injured joints, unless when directed with a skilful discernment of the appropriate cases.

Learn then to imitate what is good and avoid what is bad in the practice of bone-setters; and, if you would still further observe the rule, *Fas est ab hoste doceri*, which is in no calling wiser than in ours, learn next what you can from the practice of rubbers and plaisterers: for these also know many clever tricks; and, if they had but educated brains to guide their strong and pliant hands, they might be most skilful curers of bad joints and many other hindrances of locomotion.—*British Medical Journal*, Jan. 5, 1867.

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Clinical Lecture on Lithotomy and Lithotrity. Delivered at St. Bartholomew's Hospital, by Mr. Holmes Coote.—The field of experience afforded at St. Bartholomew's Hospital enables me to repeat with yet greater confidence that the operation of lithotomy by the lateral method is one comparatively free from danger when performed on a healthy subject. The causes of death depend but little on the casualties attending the operation; they proceed from the all-pervading influence of morbid changes in important parts, such as the kidney, and upon the organism generally.

A recent author on dropsy, Dr. Basham, has lately brought before our notice the fact that acute diseases of this type, too frequently fatal despite of any kind of treatment, still afford abundant proof that although the disease may seem to have most thoroughly affected the kidneys, the cell-development in other organs is equally deteriorated. More decidedly can this widespread failure be traced when the case is more chronic, more insidious in progress. Interior structures of the body give evidence of a general deterioration: thus the muscular walls of the heart are spoiled, the pericardium exhibits opaque white patches, and the liver-cells are charged with resplendent fat-granules.

Of two surgeons, equal in skill, one has a run of successful, the other of unsuccessful cases of stone. Of two friends, both of undoubted skill, the first has lost one of two cases, the second has operated nine times without a death: and yet in a few years we shall find the death-rate equal; the explanation being, that in the one set of cases there were renal complications, in the other there were none. I should say that death from shock, from hemorrhage, or from peritonitis after lithotomy, in a perfectly healthy subject, was very rare; so also from pelvic cellulitis, where other conditions were favourable.

The median operation has been tried at St. Bartholomew's in various ways. A semilunar incision made through the integument in front of the anus enables the operator easily to make his way down to the membranous portion of the urethra behind the bulb; a knife is then passed into the groove of a staff previously introduced: after which the prostate gland may be dilated by the finger. A ready passage is thus obtained for a stone of fair size. But the extraction of a very large calculus might injure the neck of the bladder. Some American surgeons use in this operation a double-edged gorget to cut both sides of the prostate gland to the requisite extent, and obtain thus an opening of considerable width. The late Mr. Loyd made a vertical incision at once into the rectum, and making his way to the membranous part of the urethra, he opened it, and dilated the prostate gland with suitable forceps. None of these proceedings have appeared to me to possess any claim to superiority over the lateral operation; and I do not feel myself inclined, at present, to repeat experiments already tested, except in cases of peculiar difficulty.

The operation of lithotrity is best suited for calculi of medium size occurring in persons, otherwise healthy, in middle or advanced life. Mr. Porter relates the particulars of three cases in the *Dublin Quarterly Journal*, Feb. 1866. The first patient was sixty-eight years of age, and was the subject of a lithic-acid calculus about three-quarters of an inch in diameter. The second was thirty-six years of age, and the subject of a small oxalate-of-lime calculus, not a quarter of an inch in diameter. The third was a person seventy-four years of age, and the subject of a small lithic-acid calculus, $\frac{9}{16}$ of an inch in diameter. In all he was successful, and they serve to illustrate just that class of cases in which lithotrity is applicable; but, at the same time, lithotrity, as well as lithotomy, is an operation not free from risk, although undoubtedly suited to particular cases.—*Lancet*, Feb. 2, 1867.

HOSPITAL NOTES AND GLEANINGS.

Traumatic Aneurism of the Palm cured by Compression.—We cite the following case because it furnishes a good example of success attending carefully-managed compression in the treatment of traumatic aneurism. The employment of the means adopted arose naturally from observation of the effect produced upon the swelling by pressure upon various parts of the arterial supply in connection with the aneurism.

Rebecca L——, aged twenty-nine, married, was admitted into the hospital on the 21st of June, 1866. On the 19th of the previous May, whilst opening a window, the sash of which gave way, she received a glass wound just below the front of the base of the right radius. The wound in the skin was transverse, and about three-quarters of an inch in extent. From it the patient herself drew a narrow pointed blade of glass, which had passed obliquely for a distance of nearly two inches towards the inner side of the palm. It had apparently gone through the annular ligament, and had wounded the dorsal side of the ulnar artery in its course to form the superficial palmar arch. At the time there was very extensive hemorrhage, at first controlled with difficulty, but subsequently completely so by a

pad firmly applied over the wound and forced flexion of the forearm. The wound was completely healed in about ten days. Mr. Sydney Jones saw her on the 18th of June, four weeks after the injury. There was then a scar, three-quarters of an inch in extent, above the wrist. On the outer side of the ball of the little finger there was a pulsating swelling about the size of a large walnut. The skin was thin, and the surface red and shining. Much pain was complained of in the palm, and along the ring and little fingers. The movement of these fingers was also much impaired. On pressure the sac was readily emptied; and the thumb might be passed without difficulty deeply into the palm and beneath the annular ligament. Pressure on the ulnar above the wrist diminished, but did not completely control, the pulsation; when combined with pressure on the radial, all pulsation was arrested. Pressure on the brachial likewise arrested pulsation. Forced flexion of the elbow did not seem to have sufficient control over the pulsation to induce one to trust to this treatment alone.

By means of a tourniquet light pressure was kept on the brachial. A bandage was applied from the hand upwards, and cork pads were placed upon the radial and ulnar above the wrist. At the same time the forearm was flexed. At first, on account of the tension and redness of the skin over the aneurism, it was thought unadvisable to use any pressure in the palm; but subsequently, when the redness had subsided, and the sac had become somewhat consolidated, a cork pad was placed also over the site of the aneurism.

Two days after her admission the treatment was interfered with, in consequence of her having to leave the hospital on account of the death of her husband. She returned on the 29th of June, and treatment was resumed on the 30th.

July 7th.—No pulsation to be felt in the sac on removal of all pressure; sac consolidated and much diminished in size; slight œdema of hand. The tourniquet was then discontinued, but pads were kept on the radial and ulnar, as well as over the sac.

Pulsation did not return during her stay in the hospital, which she left on July 13th. About a fortnight afterwards, a slight return of pulsation occurred from use of the hand, but soon disappeared. To continue the pads until all the palmar swelling has subsided, and to keep the arm completely at rest. The bandage was worn until November.

Jan. 8th, 1867.—No trace of aneurism to be discovered; the movements of the fingers not in the least degree impaired.—*Lancet*, Jan. 26, 1867.

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Dislocation of the Radius and Ulna forwards at the Elbow without Fracture.—A case of this very rare dislocation occurred at *University College Hospital* the week before last, during the frost. A strong young man, of twenty years of age, slipped down on the pavement, falling on his left elbow. On getting up he found he could scarcely move the elbow, which was so painful that he applied immediately at the hospital. On examining him about twenty minutes after the fall, Mr. J. W. Langmore, the house-surgeon, found that there was some swelling and a slight bruise over the prominence of the elbow, with but little swelling elsewhere. The arm was bent at an angle of about 130°, but could be flexed to a right angle and straightened to about 160°, although all movement gave the patient great pain. The forearm was about three-quarters of an inch longer than its fellow. The condyles of the humerus were nearly on a level with the olecranon, which was displaced forwards, the tendon of the triceps muscle being very tightly stretched round the end of the humerus. The sigmoid notch could be felt. The head of the radius could also be felt in front of the lower end of the humerus. Mr. Langmore replaced the ulna by bending the elbow across his knee, and then, as the radius was still dislocated, he reduced it by pressure on its head whilst good extension was made by assistants. The arm was then put on a straight splint and an evaporating lotion applied. A certain amount of heat and swelling ensued, but by the fourth day this subsided and the joint was quite movable. *Lancet*, Jan. 19, 1867.

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Novel Method of Dealing with Ligatures applied to Arteries.—Mr. Campbell de Morgan has been adopting, of late, at the *Middlesex Hospital*, a plan of dealing with ligatures applied to vessels during a cutting operation, which merits notice. When the vessels have been tied, instead of following the usual custom and leaving the ligatures hanging out of the wound, Mr. De Morgan,

by means of a needle, passes them through the skin close to where they are tied. They remain quite quiet and come away without the slightest pain or trouble when their work is done. The wound consequently has nothing to irritate it, and enjoys every opportunity of healing by the first intention. The plan leaves the parts as quiet as if acupressure had been applied. There is now in the hospital a case in which Mr. Moore tried the method at Mr. De Morgan's suggestion, on Wednesday week, after removing a breast.—*Lancet*, Jan. 19, 1867.

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Large Growth attached to the left Vocal Cord; Aphonia of six Years' Standing; Evulsion of Growth; Recovery of Voice.—The following case is a very important one. It shows the great value of the laryngoscope in diagnosis. This instrument will have an influence on the treatment of laryngeal disease similar to that which the ophthalmoscope has on the treatment of defects of sight due to changes in the deeper parts of the eye. Both have done much good by restraining routine treatment. In the following instance the laryngoscope led to a happy surgical procedure, which, without this instrument, could never have been thought of, even if the diagnosis of a growth in the larynx could have been made.

For the notes of the case we are indebted to Mr. Wasdale Watson.

Eliza P., aged 31, a stout healthy-looking woman from Gravesend, was sent to Dr. Morell Mackenzie in June, 1865, by Mr. John A. Kingdon. She stated that in the winter of 1858–59 she had had a bad cough and cold, and that the hoarseness that came on at that time passed in a few months into a complete loss of voice; since then she had not been able to speak a word out loud. In 1860 she was an in-patient in a provincial hospital; and there shower-baths were used, but in vain, to restore the voice. In the following year she was admitted into one of the metropolitan hospitals; and here the treatment consisted in blistering the neck, twenty-seven blisters having been applied consecutively; afterwards iodine, mustard poultices, and turpentine stupes were used, and general remedies (quinine, iron, &c), but all without effect. She further stated that she always now suffered from shortness of breath, and that lately she had had two attacks of great difficulty of breathing, which had lasted for several days. On making a laryngoscopic examination, an irregular lobulated growth about the size of a sparrow's egg was seen to be attached to the entire length of the left vocal cord; it projected up into the laryngeal cavity and across the glottis. At the patient's second visit Dr. Mackenzie first attempted to seize the growth with his tube-forceps, and on the first trial a large piece was seized and brought away. On several other occasions fragments were removed, but at several visits the attempts to seize the tumour were quite unsuccessful. On account of the distance at which the patient lived, she was not able to attend at all regularly, and long intervals often intervened between her visits. Accordingly, it was not till March 7, 1866, that Dr. Mackenzie succeeded, with a pair of ordinary forceps (opening in the antero-posterior direction) in completely clearing the larynx. Dr. Pratt was present on this occasion, and made a laryngoscopic examination, both before and after the removal of the last piece. The patient attended twice at the hospital afterwards, and the larynx was seen to be perfectly healthy. The voice was clear and natural. A portion of the growth was examined by Dr. Andrew Clark, and pronounced to be "an ordinary cauliflower or warty growth."—*Med. Times and Gazette*, Oct. 27, 1866.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Vivisections.—A vast deal of mawkish sensibility has been recently displayed by certain parties in a neighbouring city, who have established a society for the prevention of cruelty to animals. Such an association restricted to its legitimate objects might be productive of an immense amount of good. They might find a wide enough field for the exercise of their benevolence in preventing the brutality to which beasts of burden are often subjected; in devising means for diminishing the sufferings of animals slaughtered for food; in putting a stop to the shooting of small birds for mere sport; in alleviating the sufferings to which animals are unnecessarily exposed during transportation to market; in diminishing the cruelties practised on the multitude of dogs which are annually sacrificed in our cities for the protection of the human

family from that dreadful disease—hydrophobia; and in effecting a thousand other useful reforms.

But with the fanaticism characteristic of the age, impelled by a single idea, they blindly rush on to the accomplishment of their purpose regardless of consequences. In their love for the brute race, they entirely overlook the good of the human family and forfeit all claims to being philanthropists,[1] the true meaning of which term is a lover of mankind. The result of their endeavours would be to degrade man below brutes, and to cause human suffering to be regarded as of less importance than that of inferior animals. Another legitimate sequence of their course would be to prevent the slaughtering of animals, the shooting of game, and the catching of fish for human food; and thus compel man to become a vegetarian. Have these pseudo-philanthropists considered how they are to put a stop to the constant destruction of the numberless animals which fall a prey to their natural enemies, to hunger or the severity of the seasons; or how, if that were accomplished, the economy of nature could be maintained?

It is but a small tribute to humanity, seeing the incalculable destruction of life constantly going on in conformity to nature's laws, that an infinitesimal number of animals should be devoted to experiments tending to the improvement of medical science and consequently the alleviation of human suffering. That some cruelties may have been practised, years ago, in these experiments, is admitted, but such has not been the case of late years, especially since the discovery of anæsthetics.

Professor J. C. Dalton, the eminent Professor of Physiology in the College of Physicians and Surgeons, New York, who has been made a target of by the society in question, has most ably vindicated our science in an address delivered before the New York State Medical Society and in a paper read before the New York Academy of Medicine.

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Legalization of the Dissection of Human Bodies.—A memorial has been presented to the Legislature of the State of Pennsylvania for the passage of a law similar to that some years since enacted by the Legislatures of the States of Massachusetts and New York, for the Legalization of the Dissection of Human Bodies. The provisions of this law are most reasonable, all abuses are strictly guarded against, and we trust that every member of the profession in the State will exert all his influence with the representative from his district to vote for it. The anomaly of rendering surgeons liable to penalties for malpractice resulting from ignorance, and denying them the only means of acquiring the necessary knowledge is so absurd, that every legislator, on the least reflection, must become convinced that our existing statutes are the remnants of a barbarous age, and that they should now be made to harmonize with the advanced civilization of the present times.

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Medical Convention.—At the meeting of the American Medical Association, held in the city of Baltimore, May 3d, 1866, the following resolution was adopted with much unanimity, and the undersigned appointed a committee to aid in carrying it into practical effect.

Resolved, That this Association earnestly requests the medical colleges of the country to hold a convention for the purpose of thoroughly revising the present system of Medical College instruction, and that a committee be appointed to aid in carrying the resolution into effect.

In fulfilling the duties enjoined on them, the undersigned respectfully and earnestly invite the Trustees and Faculty of each of the Medical Colleges in the United States to send representatives to a convention to be held in the city of Cincinnati, Ohio, on Friday preceding the next annual meeting of the American Medical Association; namely, on the 3d day of May, 1867. We would also respectfully suggest that all delegates to such convention be prepared to consider fully and act upon the following subjects:—

First. The adoption of a more uniform and just rate of lecture fees by all the colleges in this country.

Second. The propriety of increasing the length of the annual lecture term, and the number of professorships.

Third. The adoption of measures for securing more thorough attention on the part of students, to the more elementary

[1] The term philanthropist is formed from the two Greek words, φιλος, a lover, and ανθρωπος, man.

branches of medical science, and a more progressive order of medical studies.

Fourth. The practicability of requiring three annual courses of lectures, instead of two, as a condition of graduation; and of making hospital clinical instruction a necessary part of the third course.

Fifth. The practicability of establishing and exacting some appropriate standard of preliminary education for young men proposing to enter upon the study of medicine.

Feeling confident that a free interchange of views upon these, and such other topics as the convention might deem proper, would result in the adoption of measures of great importance to the interests, honour, and usefulness of our profession, we again cordially and earnestly invite your co-operation.

N. S. Davis, S. D. Gross, Worthington Hooker, M. B. Wright, Geo. C. Shattuck—*Committee.*

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Medical Department of the University of Pennsylvania.—The medical class during the session of 1866-7, according to the catalogue just published, numbered 464.

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Willamette University (Salem, Oregon).—A Medical Faculty has been organized in connection with this University, making the second medical school on the Pacific coast. The first course of lectures will commence on the 1st of April, 1867, and continue until the 25th of July. The fee for the full course is one hundred dollars.

The following constitute the Medical Faculty: H. Carpenter, M. D., Professor of Civil and Military Surgery and Dean of the Faculty; E. R. Fiske, A. M., M. D., Professor of Pathology and Practice of Medicine; J. B. Boswell, M. D., Professor of Obstetrics and Diseases of Women and Children; J. H. Wythe, A. M., M. D., Professor of Philosophy, Hygiene, and Microscopy; D. Peyton, M. D., Professor of Materia Medica and Therapeutics; J. W. McAffee, M. D., Professor of Chemistry and Toxicology; A. Sharpless, M. D., Professor of Descriptive and Surgical Anatomy; W. C. Warinner, M. D., Demonstrator of Anatomy; Hon. J. S. Smith, Professor of Medical Jurisprudence.

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Mütter's Lectures on Surgical Pathology at College of Physicians of Philadelphia.—The third annual course, to consist of ten lectures, will be delivered by John H. Packard, M. D., commencing on Tuesday, April 2d, at 8 o'clock P. M., and to be continued on Tuesday and Friday evenings at the same hour. The subject of the course will be Fractures of the Lower Extremities.

FOREIGN INTELLIGENCE.

Change of Type in Disease.—Too much importance, it seems to us, has been attached to a letter from Sir Thomas Watson to Dr. Markham, in which the former is said to have retracted the opinion previously expressed by him, as to the correctness of the doctrine of change of type in disease. He merely states that his confidence in the soundness of that doctrine has been shaken by his later reading and reflection; but, at the same time, he furnishes in his letter statements which, to our mind, are conclusive, as to the correctness of his previous views. Thus he writes: "First, then, I repeat, I had faith in the judgment of the practisers and teachers of medicine at whose feet I had sat as a learner, that the old fashion of free bleeding in certain inflammatory and other febrile diseases was a right practice.

"But as the field of actual observation and experience enlarged itself before me, I soon found that those symptoms and conditions which I had been taught to regard as the warrant for free bloodletting, very rarely presented themselves; and this fact gave birth to a notion, vague enough at first, that the inhabitants of our great and crowded metropolis, and especially the class of persons who form the bulk of the in-patients in our London hospitals, among whom my experience then chiefly lay, had somehow become less likely to receive benefit from, and less able to sustain, the active use of what are spoken of as lowering remedies.

"About the same time came the teachings of a desolating visitation of influenza (the first that I had seen) in 1833, the year after the first outbreak of cholera in this country.

"The cautions enforced by the influenza, as well as its name, outlived the occasion. The abstinence from depressing measures, inculcated by that depressing disorder, was continued to cognate and extended to other disorders, and this by general consent; and

thus men learned the safety and the wisdom of a less heroic treatment of disease in general, and thus the doctrine now called change of type got plausible support."

Why was it that Dr. Watson "found that those symptoms and conditions which I had been taught to regard as the warrant for free bloodletting very rarely presented themselves?" Manifestly from the change of type in disease which seems to have manifested itself in England at the visitation of influenza in 1833, but which we certainly noticed in this country some years previously, though it was most marked after the cholera in 1832.

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Cause of Cholera.—A letter dated Munich, January 19th, published in the *Aix-la Chapelle Echo*, of January 24, contains the following statement: Professor V. Pettenkofer is back some days from his travels. It is said that he is completely satisfied with the result of his examination of the towns visited by cholera last summer; and his conference with Professors Griesinger, Wunderlich, and the Englishman Macpherson, is said to have led to almost complete agreement of opinion. We hear that the Professor will soon lay his latest results before the Medical Society in a complete shape. At the same time an astonishing observation is conveyed to us from Vienna Dr. Klob has, with the use of a microscope of from 800 to 1000 magnifying power, discovered in the rice-water evacuations millions of microscopic fungi, which, in appearance, differ little from the ordinary European forms; and that cholera is easily propagated by their means, can scarcely any longer be doubted.—*Brit. Med. Journ.*

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Infanticide.—At the meeting of the Harveian Society (London), May 17th, 1866, a committee was appointed to draw up a report on infanticide, with the object of suggesting the best means for checking the crime, and to report on the causes of deaths in young children, the best means of preventing excessive infant mortality, and to suggest some plan for the care and rearing of illegitimate children. This committee, on the 3d of January last, reported the following recommendations:—

1. That the registration of all births should be compulsory.

2. That all still born children should be registered; and that certificates of death should be received only from medical men or certified and competent midwives.

3. That in cases of still-born children, when neither a medical man nor a certified midwife could attest, the Poor-law medical officer should inquire into the case; and that he should be empowered, if he think it desirable, to acquaint the coroner with the fact of its birth, who would then hold an inquest upon the case.

4. That the register of an illegitimate child in any other name than that of its mother, or of an illegitimate child as a legitimate one should be punishable offences.

5. That the crime of infanticide should no longer be punishable by death; but that the recommendations of the Royal Commission on Capital Punishment should be adopted, and the offence be considered as murder of the second degree.

6. That evidence of complete separation of the child from the mother should not be required to constitute still-birth; but that it be held sufficient that the medical and other evidence prove that the child was alive during birth, and that it died from violence or neglect.

7. That a single woman certified as pregnant by a medical man should be enabled to make a declaration of the father before a magistrate when there is reason to believe that he is likely to abscond before the birth of the child.

8. That any pregnant woman, being destitute, should be admitted into the workhouse, by application, about the eighth month of pregnancy, on condition that she consent to remain four months after the birth of her child, unless she could show that she could fairly provide for the proper support of herself and her child.

9 That after the period of four months had elapsed, the mother, if a single woman, should be allowed to leave her infant in the workhouse; but that the guardians should be empowered to recover from the mother *a portion only* of the sum required for the maintenance of the child.

10. That the guardians should have power to recover from the father a weekly sum towards its maintenance, and that the process of recovery should be assimilated to that of the recovery of the cost of keeping the deserted children left chargeable to the parish.

11. That laundries, or some other means

of remunerative occupation, be established for the self-maintenance of mothers during their stay in the workhouse.

12. That a classification of pregnant women and mothers should be adopted in workhouses, whereby the respectable married and single women should be separated from the vicious and more depraved class in the maternity and nursery departments.

13. That in the rearing of children left in charge of the guardians a colonizing system should be adopted, such as that pursued by the Foundling Hospital, and similar to that followed under the old Poor-law system.

14. That no person be allowed to take charge of an illegitimate child to nurse who is not registered as a fit and proper person, and that she and the child or children in her care should be under the supervision of the district Poor-law medical officer. Any person acting as a nurse to an illegitimate child, and not being registered, should be liable to a penalty; and penalties should be enforced in all cases of neglect or ill-treatment. That no nurse be allowed the charge of two children without the sanction of the Poor-law medical officer.

15. That no single or married woman should be allowed to take the situation of wet-nurse whose child is not placed in charge of some person registered as a dry-nurse.

16. That there be a central authority or superintendent appointed by the Poor-law Board to carry out the provisions in regard to dry-nurses, and to receive annual reports from the Poor-law medical officers as to the state of the children out at nurse.

17. That a register of dry-nurses be kept by the district Poor-law medical officer, and that certificates of fitness as regards herself and her residence be given to the nurse by the same officer and also by the minister of the denomination to which she belongs, should any one desire to be placed on the roll of nurses.

18. That no infant or very young person be allowed to be entered as a member of burial clubs or to become the subjects of life assurance.

19. The Committee are of opinion that the establishment of foundling hospitals for the free and indiscriminate admission of infants would be attended with bad results.

The Committee summarized the causes of illegitimacy, attributing the latter chiefly to

1. The overcrowding of persons and dwellings, in cities and suburban districts especially.
2. To the custom of the public hiring of servants in some districts.
3. The "gang" system in agriculture.
4. The pernicious system of lodging, which obtains during the harvest, hop-picking, cider-making, and the like.

The Committee, it will be observed, desired especially to recognize the fact that the penalties and hardships connected with infanticide and illegitimacy were felt almost entirely by the mother; indeed, in only one single point has the woman any advantage, and this quite unintentionally as far as legal enactments are concerned—viz., that the crime was often not punished because the severity of the law was too great to be sanctioned by the current humanity of the day. The Committee wished also to point out that the result of all this falls through the mother upon the child at last, in the form of infanticide and excessive infant mortality, and that the burden of the original offence and cause ought to be borne jointly by the father and mother, who are equally in fault; and in the propositions they make there is nothing unfair towards the one more than the other, to the father more than the mother.—*Lancet*, Jan. 12, 1867.

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Early Struggles of Medical Men.—Dr. John Cheyne, who, a quarter of a century ago, was by far the busiest and best employed physician in Dublin, tells us, in his interesting autobiography, that, during the first half of his second year's settlement in the Irish capital, and when he had already reached the thirty-fourth year of his age, his fees only amounted to about three guineas. Nine years subsequently, he was making £5 000 annually. Not above one or two physicians in London ever drew, I believe, a larger professional income, or, perhaps, ever advanced more early into full practice, than Dr. Chambers; yet, during the fifth year of his practice, when he was already thirty-four or thirty-five years of age, he did not receive above £211 in fees. Seventeen years subsequently, his annual professional income is stated to have reached nearly to £9 000. His great predecessor in high London practice. Dr. Matthew Baillie, drew about £11,000 in one year; and yet, with all the interest of the Hunters and

others to aid him in his outset, his first march upwards was, like that of all others, very slow and difficult, and, to quote the words of his biographer, Dr. Wardrop, "before he found himself fairly established in practice, he had been already for twelve years physician to St. George's Hospital, and for nearly twenty years a medical lecturer." Dr. Baillie's uncle, the celebrated Dr. William Hunter, who spent a large fortune, gained by his profession alone, upon the collection of that splendid museum which now enriches the University of Glasgow, was so hard pressed for money during the year of his earlier struggles in London practice, that he was obliged to postpone for a fortnight the commencement of the third season of his lectures, in consequence of not having money enough to pay the expense of the usual class advertisements. Nor have our greatest surgeons been usually more successful than these our great physicians in the first stages of their professional career. In 1788, the son of an English clergyman attended the medical classes of Edinburgh University, and lived on the third flat in Bristo Street, in a room which cost him six shillings and sixpence a week. In after life, when swaying the surgical sceptre of England, as Sir Astley Cooper, his professional income, in one single year, amounted to £23,000; and yet, during the first twelve months after he had settled down in London, and was working as a lecturer on anatomy and surgery, his receipts from private practice only amounted to five guineas. The distinguished surgeon who, by Sir Astley's death, was left at the head of the surgical school of London, Sir Benjamin Brodie, did not, as we are told in a late biographical sketch of him, get into "full practice" till 1825: yet he had been lecturing, practising, and publishing, since 1805, or for twenty long years previously. —*Brit. Med. Journ.*, Jan. 12, 1867, from *Leisure Hour.*

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Illegitimacy in England.—It appears from the report of Dr. Tyler Smith to the Harveian Society, "1. That in England the illegitimate births amount to about 6½ per cent. In 1864 there were born in England 47,448 illegitimate children, the total births amounting to 740,275.

"2. The gross number of illegitimate births between 1860 and 1864 inclusive—*i. e.*, in five years—amounted to 227,661, or more than a quarter of a million. It is this great mass that demands very careful and special study, for the evil which it represents is unhappily an increasing one.

"3. In 1830 the number of illegitimates was 20,039; in 1860 it was 44,157. The entire population according to the census in 1830 was 13,896,797; in 1861 it was 20,066,224: that is to say, in thirty years the population had increased rather less than half, but illegitimacy had more than doubled itself."—*Lancet*, Jan. 12, 1867.

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Destitution in London. Results of Trades' Unions and Strikes.—After pestilence the famine. Such has long been the course of events, and now a state of destitution bordering on famine is to be witnessed in those parts of the metropolis lately ravaged by cholera. It was estimated that on the last day of the frost, at least 22,000 working men had become dependent on the parishes, while immense numbers were seeking relief. From every point the cry for help had gone forth, and the charitable public has been constantly besieged for subscriptions. Besides all this, every street in London witnessed bands of workmen patrolling and singing "All froze out," as a means of extracting a few pence. We consider that such a state of affairs shows a miserable break-down in the administration of our Poor-law. No man ought to have to beg or starve. The very object of our law is to preserve every one from starvation, and when it fails in this, reform is imperatively demanded. Let the noble stream of British charity ever flow as freely as now; but it ought not to be called upon to serve as a substitute for an inefficient but expensive legal machinery. The existing destitution is no doubt complicated by the strikes. It appears that the London shipwrights have declined 6s. 6d. per day. For these men we have no pity. When their trades'-union funds are exhausted, the workhouse test is their only resort; but unfortunately there are many other labourers dependent upon these, and who are deprived of work by the obstinate combination of the shipwrights. While, therefore, we withhold all sympathy from men "on strike," our fullest pity cannot be withheld from those dependent on them.—*Medical Press and Circular*, Jan. 30th, 1867.

Physical Degeneracy of the French Population.—One of the causes which is said to delay the final decision of the Commission on the reorganization of the French army is the difficulty experienced in making a proper selection, owing to the physical degeneracy and decrease of the population. A practical economist, Mr. Randof, has cited several facts in confirmation of that statement. From these facts it would appear that the population of France is each year on the decline, and that there is reason to apprehend that the moment is not far distant when the births will not be equal to the deaths. At the commencement of the present century more than five children in France and more than four in Paris were born to each marriage; whereas, at the present day, the average is three for France and two for Paris. And, if it be borne in mind that in France the mortality of children only, from one day to a year, is more than 20 per cent., there will be no surprise at the progressive diminution of the population. The number of births also tends to diminish each year; the children are less and less vigorous; and when they attain manhood are worse constituted in frame and lower in stature than at any period. This fact is proved beyond doubt by the official lists of the young men from 20 to 21 who are called upon every year to draw for the conscription; and they show that, while the population still increases by 0.20 per cent. annually, the number of young men from 20 to 21 remains pretty much the same, numerically, as they were forty years ago. This is not all. Not only the number of young men does not increase, but the relative number of healthy and vigorous subjects who constitute the strength of the country, tends more and more to decline. Any one who has chanced to be present at the Councils of Revision must have been painfully affected by the number of sickly or malformed young men, who comprise the contingent particularly in the industrial and manufacturing districts.—*Brit. Med. Journ.*, Dec. 22, 1866.

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Utilization of Cigar-Ends.—Two years ago, a society was established in Berlin, the members of which agreed to preserve all the points of their cigars, instead of biting them off and throwing them away. These ends are collected, and then sold in large quantities, either for the manufacture of snuff or for smoking in pipes. The sum thus raised is applied to the maintenance and education of orphans; and some idea of the extent of the society, and the intensity of its affections for the weed, may be gained from the fact that the cigar-ends of two years' savings have brought in a sufficient sum for the maintenance of twenty-two children. Such a society, it is said, might be established in London to support an hospital for persons suffering from the deleterious effects of excessive smoking.—*Brit. Med. Journ.*, Dec. 22, 1866.

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Case of supposed Ovariotomy.—A patient, aged 38, and apparently robust, was operated upon a few days since by M. Maisonneuve under the idea that she was the subject of unilocular ovarian disease. On opening the abdomen, however, a multilocular cyst was found to be present on the right side, and adherent over a very extensive surface. Another multilocular cyst, but much less adherent, was also found on the left side and removed. About 20 litres of fluid were discharged from the various sacculi on the right side, but it was found impossible to separate all the attachments, and a large portion of the cyst was left in the abdomen. The woman died next day of hemorrhage, and at the autopsy the ovaries and tubes were found healthy, the cyst arising apparently from the peritoneum itself.—*Med. Times and Gaz.*, Dec. 29, 1866, from *Gaz. des Hôp.*

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Typhus in Liverpool.—It is a melancholy fact to know that in the town of Liverpool it is reported on well-grounded authority that there are not fewer than ten thousand working men out of employment, and that there is not any very immediate prospect of their labour being speedily required. This necessarily produces much poverty, and its concomitant evils—disease and death. Accordingly, it is found that typhus fever has shown itself in an epidemic form within a comparatively brief period, other diseases being also prevalent.—*Brit. Med. Journ.*, Jan. 19, 1867.

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Vivisection.—Dr. Markham writes to the *Times*, that in 1863 a Committee of the French Academy of Medicine, composed of MM. Claude Bernard, Cloquet, Larrey, Cruveilhier, etc., was appointed to examine and report upon the subject of vivisection.

They reported that vivisections, with a definite scientific object, are indispensable to the progress of physiology; and the Academy finally declared that the practice of vivisection must be left to the discretion of scientific men. Dr. Markham observes that, from the fact of this resolution having been adopted unanimously, we cannot hope for the co-operation of the French medical profession in arresting the practice of vivisection. He, however, counsels moderation in the language of those who attack these doings. It appears that the Committee of the Academy very strongly objected to the violence of the language employed in the last note forwarded to the French Emperor by the London Society for the Protection of Animals.—*Brit. Med. Journ.* Feb. 2d, 1867.

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Mortality from Cold, in London.—The effects of the cold are now visible in the returns, for, instead of 1,436 and 1,437 deaths, as in the two preceding weeks, there appear on the registers of last week 1 891 deaths. The change of temperature has killed about 455 people in London. Few were directly frozen to death; the majority having vital force enough to struggle against the freezing cold, but not enough to prevent them from succumbing under bronchitis and other affections. The mortality varied with the powers of resistance, which is greatest about the age of puberty, and least in old age, when the lamp of life is flickering. Thus the deaths above those in the last week of 1866 were 48 at the ages under 20; and 46 at the age 20–40, 113 at 40–60, 204 at 60–80, and 44 at the age of 80 and upwards, making in all 455. In such weather to give fire, food, and clothing, is to give life.—*Brit. Med. Journ.*, Jan. 26th, 1867.

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Poisoned Thread.—The *Moniteur de l'Hygiène* states that a number of sempstresses have suffered from violent colic in consequence of putting into their mouths the silk they use in sewing. This affection is attributed to the practice of mixing the silk with sulphate of lead, so as to increase its weight. Mr. Jones, of the chemical laboratory, Leadenhall Street, whose attention was attracted by the above statement, has made a chemical analysis of the silk thread used in this country. He operated upon many different samples of thread purchased in and about London, and found in almost every case large quantities of acetate or sugar of lead. He characterizes that admixture as even a more dangerous impurity than the sulphate, on account of its greater degree of solubility in the fluids of the stomach.—*Brit. Med Journ.*, Jan. 19th, 1867.

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Poisonous Odours.—One has heard much, without being sure on what actual experience it is based, of the deleterious action exercised by the perfume of flowers, and especially of certain flowers, such as lilac, jessamin, hyacinth, tuberose, on persons who have the imprudence to leave them at night in their bedchamber. *L'Union Médicale* is very positive on the subject. It says that the more or less fictitious cases of suicide and assassination which have been related under this head, should not induce us to doubt the reality of the asphyxiating power possessed by strongly smelling flowers. Certain odoriferous fruits share the same deleterious property. We read, in the *Union Bourguignonne* of Dijon, that a grocer, who had slept in a small room in which the contents of three chest of oranges had been piled up, was found asphyxiated in the morning, and was only resuscitated by the most energetic treatment. The penetrating odour of quinces may produce similar accidents; for a woman, having deposited in her room a large quantity of these fruits, was also found in a state of asphyxia by her neighbours, who, surprised at not seeing her leave her room, entered it to ascertain the cause.—*Brit. Med. Journ.*, Feb. 2d, 1867.

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Prof. Arthur Jacob, who has so ably filled the chair of Anatomy and Physiology in the Royal College of Surgeons in Ireland has resigned. The council have passed resolutions expressive of regret at his retirement and conveying in strong terms their sense of his great services to the school.

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British Medical Journal.—Mr. Earnest Hart has succeeded Dr. Markham as Editor of this Journal.

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New Journal.—It is stated that a Journal is projected to be entitled the "*Journal of Cutaneous Medicine*," and which is to be edited by Mr. Erasmus Wilson and Dr. Tilbury Fox.

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THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

CLINICAL LECTURE.

Lecture on the Rational Treatment of Deformities. By RICHARD BARWELL, F. R. C. S., Assist. Surg. Charing-cross Hospital.

No especial name was attached to that branch of Surgery which professes to make the crooked straight until 1741, when Andry published his work on the subject, and conferred upon it the barbarous title of "Orthopédie." With him deviation from normal form is the one defect, restoration of shape the sole object of his treatment. He says of bent limbs and spines, "The same means must be taken to straighten them as are adopted for straightening the crooked stem of a young tree"—viz fastening it to a straight piece of wood—and he recommends for deformed feet "splints of strong cardboard or of wood, or little plates of iron." Strange as it may seem, this same method, with a few modifications, hardly improvements, is still enforced by the professors of the speciality so barbarously named. The straight piece of wood and the little metal splint are constantly in use, and when, as in their very nature they must, these fail, free—extremely free—use of the knife is added. Nor is it astonishing that orthopedism should still adhere to its pristine crudeness, seeing that it preserves the same faulty basis—viz., that deviations of form only are to be treated.

Now the truth is, that since deformity consists of two parts—loss of form and loss of power—any theory of treatment which should ignore the one or the other must be false, and especially must any practice be

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faulty which would cause a limb abnormally powerless to be further lamed by cutting its tendons and condemning it to enforced rest. Although by such treatment we may occasionally find a limb squeezed for a time into some approach to form, yet it is, as a rule, so powerless that irons have to be constantly worn: it is in a more hopeless condition for rational treatment than it was before, and very often the deformity is reproduced or an opposite one developed.

We must first show that the theory of tendon-cutting and of spasmodic contraction of certain muscles is false. The necessary condition of active muscular contraction is alternation with relaxation, and the more violent the contraction the more rapid must be this change from the one state to the other or death is the result. Thus it never does, and never can happen, that an active muscular contraction, be it convulsive or otherwise, is sufficiently violent, and at the same time sufficiently continuous, to result in a distortion. The most terrible convulsive diseases attended with the most powerful and the most lasting spasms are never sufficient to produce a distortion. Let it be here distinctly understood that by the word distortion I expressly mean to exclude cases of mere malposture—cases in which either by the will of the individual, by misapplied mechanisms, or by other means, a limb, having been kept too long in a certain position, refuses to entirely abrogate the posture. Thus cases of excessive splintage, of fixed position from joint disease, of extended foot (simulating equinus) from retraction of the hip or knee, of squinting from hypermetropic condition of the eye, are all excluded from the category of distortions properly so called, and fall into the genus malpostures [1]

The distinction between the two conditions is this: In malpostures there is nothing morbid in the position itself; its fixity only is abnormal. A distortion, on the other hand, is a position of parts either entirely abnormal or exaggerating beyond all natural limits some natural posture. Thus a certain amount of flexion of the tarsus is normal; its exaggeration far beyond the natural amount constitutes *pes equinus*. A little rotation inwards and adduction of the front of the foot is natural to the young infant; a considerable increase of that position is *pes varus*, and so on. The slightest knowledge of dynamic anatomy will clearly show to the unbiassed mind how impossible it is that any muscle should, while its opposers remain active, keep up so constant, so violent a strain upon a limb as to produce such gross and persistent exaggerations as either equinus or varus. And here I must be allowed to point out a strange fact: it seems never to have occurred to the admirers of the remarkable doctrine of continuous spasmodic action that a muscle in such a state would, if its tendon were cut, drag the ends asunder like a taut cable parting in a gale of wind, and there would never be any possibility of bringing them together any more. Indeed, the absence of such phenomenon is surely sufficient proof that there is no convulsive retraction. But it is extremely noteworthy that the very individuals who insist on this supposed condition direct, in the description of tenotomy, that the limb should be forcibly dragged in the opposite direction in order to make the tendon tight enough to be cut.

On the other hand, distortion following upon paralysis is of daily occurrence, and takes place before our eyes. There are two ordinary modes of production which scarcely vary: One, that the patient, when between 1 and 4 years old, was put to bed quite well, the next morning had lost the use of one or more limbs, that the power in certain directions gradually returned, but with it distortion was developed. The other history relates that loss of power came on slowly, that it was much more observable in certain directions than in others, and that at a certain period deformity also commenced and kept even pace with the paralysis.[1] These metamorphoses—*i. e.*, the very distortions themselves—are produced by a condition of muscular tissue which is utterly ignored by orthopædism—viz., tonic contraction. The set of muscles which still remain healthy draw the limb over from the side of the disease, not by virtue of any active and temporary contraction, be it natural, convulsive, or spastic,[2] but

[1] Dislocations from joint disease are, as will be seen by our definition, distortions, but these occur only after alteration in the joint surface, and then as a sudden event.

[1] Both these conditions may commence, although more rarely, in middle life.

[2] The term convulsive was applied to these cases by the French tenotomist, M. Guérin. The word spastic was invented by that able physician, Dr. Little.

simply by its constant, never-ceasing tension on the limb, produced by elastic or tonic contraction of the muscles unantagonized by the same force on the other side. The primary malady lies, then, on the side *from* which the distortion is directed. The pathology is perfectly analogous to distortions produced by morbid muscular conditions of the face. When, for instance, a surgeon finds the face down on one side, he diagnoses paralysis of the side *from* which the features are drawn, and (unless there were suspicion of malingering) would never think of assuming that the displacement of feature was produced by an active or "spastic" contraction of the muscles towards which the parts incline. Indeed, so well known, as far as the face is concerned, is this pathological fact, that the surgeon who would treat the side towards which the features are displaced, would justly be thought very ignorant of pathology.

Although, as we have just seen, distortion, properly so called, cannot be produced by fixity of position alone, yet when that circumstance is combined with rapidity of growth, the two together may cause a slighter form of distortion. The fixity of posture, be it from improper swaddling, from long-continued splintage, from some neglect, etc., is in its results upon the opposite muscles precisely similar to paralysis. The muscles on one side are restrained from action, wherefore those on the other side harden themselves to the position maintained, and when the restraint is removed they will not yield the length required to allow action on the other side. This state is simply one of assumed or enforced posture; but if with those conditions rapid growth be combined, the muscles of one side will increase in length, and the other will remain stationary; the limb may thus be dragged completely aside, and thus an absolute change of shape—a true distortion—be produced.

These, then, are the causes of clubfoot whenever we can trace them, and we have no right whatever to assume that when we cannot follow its production—viz. in utero—the same distortion should be due to diametrically opposite causes. As in infant, so also in fœtal life, can we find no possible evidence of such a pathological condition as persistent spasm or "spastic" contraction. It may be that posture is somewhat more frequently productive of congenital than of non-congenital varus, simply because growth is then so much more rapid. We must, however, consider that such deficiency of the liquor amnii as would allow the fœtal limbs to rest against the uterine walls is incompatible with continued gestation; hence a limb, to be distorted by enforced posture, must press against some other part of the fœtal body. Occasionally, though very rarely, this may occur, and the popular idea of its prevalence is chiefly due to a plate of Cruveilhier[1] representing a sentimental fœtus leaning his pensive chin upon his turned-in toes. But distortions perfectly identical, as Wernher has observed, are found[2] in the very young fœtus whose small limbs cannot reach the chin—indeed in the acephalous with no chin—and thus it is impossible to assign cases so similar, so nearly identical, to so varying a cause as position in utero.

We thus come back to the only condition which can possibly give rise to clubfoot—viz., want of power on the side from which the limb is drawn; but while, in viable life, paralysis, partial or entire, is, save in a few very exceptional cases, the cause of such want of power, other and probably more frequent conditions produce that condition in the fœtus. Professor Weber has clearly shown, in his well-known paper[3] on the development of muscles, that all the muscles of animal life are formed as appendages of the nerves and nervous centres commanding them. Now, although the course of formation of these parts is normally regular, yet sometimes disorder prevails; and, with the light thus shed on the subject, it is easy to see how, in the development of a nervous motor centre, delay of a few days behind another knot of gray matter, which ought to be formed simultaneously, will, indeed must, produce distortion. The same guide will now enable us to understand why congenital absence of nervous matter is accompanied by paralysis, therefore by clubfoot. Such developmental deficiency can have, however, no possible connection with spasm, as the worshippers of the tenotome have tried to show.

So baseless, then, is the theory of tendon-cutting; now let us examine its practice. There is one tendon in the foot, the tendo

[1] "Anatomie Pathologique."
[2] Wernher, "Handbuch der Chirurgie," vol. iii. p. 589.
[3] Müller's Archiv, 1851, p. 547.

Achillis, lying isolated, and merely surrounded by loose tissues, whose section is always followed by reunion with comparatively slight impairment of function; all the others are utterly destroyed every time they are cut, or a certain proportion of the cases.[1]

Thus the anterior tibial remains ununited once out of three times, the posterior tibial and flexor longus digitorum become either united to the bone or to the sheath, or are not united at all—in either way so as utterly to destroy the action of the muscle on the foot—in every case of its section. We have no record concerning the behaviour of the peronei tendons under these circumstances; but as they are placed precisely similar to the two last named, there is no reason to suppose that their destruction on section could be avoided.

Thus, on reviewing the whole prevalent treatment of clubfoot by the cutting of tendons, we cannot but come to the inevitable conclusion that its theory is false and its practice injurious.—*Med. Times and Gaz.*, Nov. 17, 1866.

HOSPITAL NOTES AND GLEANINGS.

Case of Trephining the Spine; Death from Pyæmia; Clinical Remarks.—The following case is one of very great surgical interest. The question of the advisability of trephining the spine after injuries—an operation recently advocated by Dr. Brown-Séquard—was largely discussed at a recent meeting of the Medical and Chirurgical Society after the reading of a paper by Mr. Berkeley Hill. (See *American Journal of Medical Sciences*, April, 1867, p. 538.) For the following report we are indebted to Mr. Tracey:—

J. J., aged 28, while somewhat tipsy, fell off a cart upon his right buttock, and was unable to stand or move his lower extremities from that moment. The case was first seen by Mr. Maunder on August 31, three days after the occurrence of the accident, when the patient exhibited more or less loss of sensation below the level of the nipples, and loss of muscular power in the trunk and lower extremities, with constipation and retention of urine. The right buttock was bruised and excoriated, as also was the integument over the angles of the right mid-dorsal region. On examining the spine, the spinous process of the seventh cervical vertebra appeared to be most unusually prominent, and the attempt to move this (though no mobility was appreciable) gave pain in the region, and also along the back of the patient's right arm. The patient stated that this prominence had existed a long time, and had been caused by carrying bags of sand upon his neck. Respiration was performed chiefly by the diaphragm. The patient was placed upon a water-bed, and beyond attention to his bladder and to the bruise on the buttock, which was gradually converted into a sore, little in the shape of treatment was requisite; but the symptoms gradually changed—incontinence of feces and urine supervened, and the loss of sensation as high as the nipples became complete. He grew weak.

On September 18 he was the subject of a severe cough, accompanied by difficult and copious expiration. He breathed more easily when lying over somewhat on his left side. The urine was highly ammoniacal and loaded with muco-pus. Dr. Davies was consulted as to the condition of the chest, and advised mist. oleosa and brandy. Pulse intermittent.

19th.—After consultation with Dr. Ramskill and Mr. Little, Mr. Maunder determined to cut down upon the seat of and explore the injury. Insensibility and loss of volition existed as high as the nipple; the skin over the upper part of the right scapula and along the back of the right arm as far as the elbow was tender on pressure, and an attempt to move the spine of the seventh cervical vertebra caused pain also. Irritating the feet caused reflex action. In continence of feces and of urine as before. The grasp of the right hand was weaker than that of the left, which was strong.

At the operation Mr. Maunder said he was induced to interfere surgically for certain reasons—the physical condition of the spine led him to think that the seventh cervical vertebra, in part or entirely, had been displaced backwards and a little upwards, thus compressing the cord between its body and the laminæ of the first dorsal. He thought that the cord had not been crushed beyond repair at the time of the accident, because there was not from the first a total loss of sensation, but this had gradually become

[1] In my work, "On the Cure of Clubfoot without Cutting Tendons," I gave tables proving these facts; here results only will be mentioned.

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complete by reason of the continued pressure causing loss of temporary function. The operation which he proposed to perform did not, he thought, in itself entail great risk to life, and was justified by the urgency of the symptoms.

Operation.—The patient being on his face and under the influence of chloroform (which he bore well), an incision about three inches in length in the mesian line exposed the spines of the first and second dorsal vertebræ, and the knife kept close to these readily allowed the muscles to be separated, so as to expose the laminæ also The muscles were ecchymosed to some extent. Free bleeding occurred, but no ligature was requisite. The spines of these vertebræ were now cut off at their bases, and the corresponding laminæ were removed by the trephine and bone forceps. The bleeding having ceased, the sheath of the cord was seen at the bottom of the wound, but nothing abnormal could be either seen or felt in it. On comparing the interval between the sheath of the cord opposite the laminæ of the third dorsal vertebra, and between it and the laminæ of the last cervical, the space was decidedly greater in the former than in the latter region; but this difference was not sufficient to induce the operator to remove the laminæ of the seventh cervical. The wound was dressed with water-dressing, and the patient returned to bed. Half a grain of extract of belladonna was ordered thrice daily.

For some few hours after the operation the patient vomited, and, when he had recovered from this, said his legs felt warmer than before the operation. Pain in the arm persisted for two or three days. Cough diminished greatly. On the fourth day subsequent to the operation he was ordered one-twelfth of a grain of strychnine thrice daily, and in a day or two reflex action was more readily excited in the lower extremities. On the 29th the cough again became very distressing, and he expired suddenly on October 2

At a post-mortem conducted by Dr. Sutton, the medulla spinalis was found more or less pulped opposite the lower border of the seventh cervical vertebra, and this, too, was displaced slightly forward, and its right transverse process was broken. There was not the least trace of inflammatory action in or about the cord and its membranes, but there was ample evidence of pyæmia in the great viscera. The bladder was quite healthy, a condition which Mr. Maunder believed to be due to the attention bestowed upon that viscus by Mr Salt, one of the dressers. Mr. Maunder suggested that the first attack of cough (before the operation) was also due to the blood-poisoning originating in the bed-sore.—*Med. Times and Gaz.*, Feb. 23, 1867.

—

Treatment of Cancer by the Injection of Acetic Acid—(Under the care of C. H. Moore).—Injections of acetic acid continue to be employed in several cases in the cancer wards of the Middlesex Hospital. The condition of the patients at the commencement of this treatment is, we are told, usually such as to preclude the hope of complete relief by other means, as the acid is never used in any case of cancer which is adapted for the usual operation. The results of the injection treatment thus far confirm the statement that the acid produces a chemical solution of cancerous substance, and renders it capable of being absorbed. It is not always easy to decide what part of any changes occurring in cancerous tumours may be due to treatment, and what to the unhindered progress of the disease, but it appears that both sloughing and suppuration may result from employing too great a quantity of acid. The following report is the sequel to a case which we have already published in part (*Medical Times and Gazette*, October 21, 1866), and is given thus early because the treatment by means of the acid has been interrupted.

October 25. The discomfort attending the two operations had subsided, and the flow of saliva was further diminished. Injections of diluted acetic acid were made into the floor of the mouth and into the diseased under-surface of the tongue, as well as into the outer gum There was scarcely any pain when the diseased parts were injected, but the stinging appeared to be severe when the acid passed into the adjoining healthy tissues. To some extent, probably, the pain arising from the punctures and the injection within the jaw was obviated by previous division of the gustatory nerve.

November 1. He has improved in appearance and general condition. He sleeps sometimes three hours at a time. He still finds difficulty in swallowing, which is due, not to pain, but to the mechanical restric-

tion of the muscles of deglutition. The lymphatic glands beneath the jaw have increased in size, and the disease has extended back a little on the outer gum on the right side. The patient is under the impression that towards the left the disease of the outer gum has diminished. In the floor of the mouth there is a lessening of the bulk of the cancerous growth on the right side, but elsewhere it is as large as when he first came under observation. Mr. Moore injected two drachms of a solution of acetic acid with five parts of water into the glands beneath the jaw by punctures in the skin, through the mouth, in the right gum, and in the floor of the mouth. Nearly a quarter of it may have returned from the latter punctures as soon as it was thrown in. Though weaker than the solutions previously used, this injection gave a good deal of pain for a time, and broke his sleep a little in the night. The next day there was much more swelling beneath the jaw than was accounted for by the fluid which had been injected. Without being sloughy, the ulcerated edges and surfaces of the gum were finely shreddy, as if material had been dissolved out between the shreds.

12*th*. The patient left the hospital a week ago, and returned to show himself to-day. He expresses himself as decidedly more comfortable, the mouth being clean, swallowing less difficult, and pain diminished. Nevertheless, an abscess has formed and opened at the last puncture beneath the jaw, and a new tumour has grown at the right side of the tongue in such a position as to lie between the back of the upper and lower gums when the mouth is open. The sensation of the right side of the tongue is still absolutely annihilated, and thus doubtless spares him from much suffering. There is very little secretion of saliva. The sputa are chiefly the mucous and purulent discharges from the mouth. The mass in the outer gum is much softer, and perhaps less bulky. Considering the various materials making up the entire swellings at this date—œdema, pus, remnant of injected fluid, and cancerous substance—it appears that this last is not more abundant than when he first presented himself; but whilst the anterior part, which has been reached by the acid, is less, the deeper and distant portions of it have grown. Injections were made into the outer gum and the part of the tumour beneath the left side of the tongue.

18*th*. The abscess beneath the jaw has discharged freely, and is smaller. Nevertheless, the tongue is more raised by the growth beneath it (or by abscess or œdema above the mylohyoid), and he has had a good deal of pain on the left side of the tongue. The growth of the outer gum is larger. No injection was made to-day.

December 6. He has been kept at home by an attack of gout, which has not yet quite left him. A slough has come away from beneath the tongue, deepening the ulcer, and allowing the tongue to resume nearly its natural position and to move a little more freely. The swelling beneath the jaw is less, and separate cancerous glands can again be felt. The total growth outside the gums has considerably increased. It is clear that the injections have not been adequate to repress this disease, but that on the whole its progress has been retarded, and the suffering attending it diminished. This last result is partly due to the division of the nerve, the effects of which still continue in anæsthesia of the right side of the tongue and in lessened secretion of saliva.

17*th*. The mass of disease both within and without the jaw has increased. The tumour on the right side of the back of the tongue is also larger. It is still covered by healthy mucous membrane, and it is probably continuous through the substance of the tongue with the mass in the floor of the mouth. Beneath the jaw the parts are much smaller, and there is still a little discharge from the abscess in that situation. Though the tongue itself is not superficially diseased, its movements are much restricted by the growth in its substance, and particularly by pain about its base; deglutition is much impaired, and the patient is thin and pale. The reduction of the mass of disease beneath the jaw is greater than can be accounted for by the evacuation of the matter, and is probably due to the action of the acid; but further injections can be of service only by delaying the fatal increase of the disease, as they have already failed to overtake the growth within the mouth, and in the amount and extent to which they would now need to be carried with a view to a cure, they would probably occasion fatal swelling and suppuration about the base of the tongue. Such palliative injections are accordingly being made.

February 16, 1867. A copious hemorrhage

has greatly reduced this patient, and he appears likely to survive only a few days.—*Ibid*

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Repeated Resection of the Knee Joint.—Several cases have occurred in which delay in healing, and the evident occurrence of necrosis after resection, has rendered a second operation necessary. At *King's College Hospital*, under such circumstances, it is thought better to repeat the resection rather than to amputate the thigh. Sir William Fergusson has had three or four such cases, which have done well; and Mr. H. Smith had one in which the proceeding answered perfectly. On Saturday last Mr. Smith again adopted the plan in the case of a lad whose knee-joint he had excised in July last. The boy went on well at first, then fell back, and was sent into the country for a few months—not to much purpose, however, for sinuses about the wound persisted, and showed the presence of dead bone, and the boy's health was suffering from the prolonged irritation. On opening up the wound, firm anchylosis was found to a limited extent between the femur and tibia. Lying behind the former bone was a ragged sequestrum, an inch or two long, representing the intercondyloid space of the femur—that portion of bone which is so often exposed to necrosis. There was an abscess in the head of the tibia. Mr. Smith removed a thin section of this latter bone and a portion of femur, and brought the bones into apposition again just as in ordinary resection. When the sequestrum came to be examined, an old arterial ligature was found lying about it This must have been accidentally dropped into the wound in July last, at the time of operation, and there it had since rested Was it the presence of this piece of string which excited inflammation leading to the death of the shell of bone described?—*Lancet*, Feb. 16, 1867.

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Cancer of the Tongue.—We saw Mr. Paget cut away about one-fourth of an old man's tongue on Saturday, in the operating theatre of *St. Bartholomew's*. The surgeon stood behind the patient, who was seated in a chair, and, grasping the organ with a vulsellum held in the left hand, he transfixed it with a knife and rapidly cut away the diseased portion. A few ounces only of blood—perhaps four or five—were lost ere the vessels were secured. The man had no chloroform. The diseased mass presented a deep ulcer with hardened base and prominent inverted edges, so characteristic of cancer. Mr. Paget remarked that the écraseur was not needed for removal of a moderate portion of the tongue; there was not more hemorrhage than could be easily dealt with in the ordinary way. We have seen of late in this hospital several cases in which the whole tongue has been removed for carcinoma, nothing but a slight stump composed of the root being left. Notwithstanding this mutilation, the articulation is singularly good, and, paradoxical as it appears, even lingual sounds are formed so as to be perfectly intelligible. In a case of Mr. Paget's, a man of fifty, who spoke to us on the third day after the operation, we remarked that even the word "the" was quite distinct. The patient used his lips for the utterance of the sound. So it was also in an old man whose tongue Mr. Callender had cut out by the écraseur, who could talk and eat with singularly little difficulty. —*Ibid.*

—

Incontinence of Urine successfully treated by Extract of Belladonna.—A healthy looking country girl, fourteen years old, was brought by her mother to the *Metropolitan Free Hospital* on the 11th of January last. She had suffered from nocturnal incontinence of urine for the last two years. Not a night passed without her wetting the bed, and to such an extent that she had been compelled to lie upon straw covered with a sheet in order to change her bedding daily. She had been taken out of bed at night, scolded, and ridiculed without any effect in making her abandon the habit. Dr. Drysdale ordered her a quarter of a grain of extract of belladonna as a pill, to be taken at bedtime every night. On the 15th of January her mother came to say that she had not wetted her bed since taking the medicine. Up to the 18th of January there was no return of incontinence of urine. Dr. Drysdale remarked that he had in many cases seen similar results from the use of belladonna in this disease, and supposed that the drug acted by paralyzing the detrusor urinæ muscle.

—

Local Anæsthesia.—Mr. Gay showed lately at the *Great Northern Hospital* an instrument, which had been made at his sug-

gestion by Messrs. Warner and Knight, for producing local anæsthesia by means of methylated spirit of higher specific gravity, and therefore less expensive, and dangerous than that ordinarily used. Its principle is this: The air, from a bellows worked by the foot, passes through two tubes. One of these is connected with the bottle of spirit by means of another to which it is jointed so as to produce a spray after the manner of the "scent spray producers" commonly sold in the shops. Whilst this is distributing the spirit over the part to be frozen, a current of air issuing from the other tube produces such rapid evaporation that freezing is almost instantaneous. Common methylated ether at two shillings per pint is employed.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Medical Instruction in Philadelphia, during the Summer.—The facilities for pursuing medical studies in Philadelphia during the coming summer will be very ample.

In the *University of Pennsylvania*, courses of lectures will be given by the auxiliary Faculty of Medicine, during the months of April, May, and June, which will be free to all Students who have matriculated in the Medical Department, and have taken the tickets of two of the Medical Faculty.

The following constitute the Faculty: Harrison Allen, M. D., Prof. Zoology and Comparative Anatomy; Horatio C. Wood, M. D., Prof of Botany; F. V. Hayden, M. D., Prof. of Mineralogy and Geology; Henry Hartshorne, M. D., Prof. of Hygiene; John J Reese, M. D., Prof. of Med. Jurisp. including Toxicology.

A course of lectures on operative Surgery and Antomy will be delivered by Dr. D. Hayes Agnew, Demonstrator of Anatomy, and Assist. Lect. on Clinical Surgery, beginning April 1st.

Jefferson Medical College has likewise instituted a summer course, and the following lectures will be given: Clinical Surgery, by Prof. Gross; Clinic of Diseases of Women and Children, Prof. Wallace; Chemistry applied to Toxicology, Prof. Rand; Materia Medica and Therapeutics, Prof. Biddle; Clinical Medicine, Dr. Da Costa; Visceral and Surgical Anatomy, Dr. W H Pancoast; Operative and Minor Surgery, Dr. J. H Brinton; Ophthalmic and Aural Surgery, Dr. R. J. Levis; Venereal Diseases, Dr. F. F. Maury; Pathological Anatomy, Dr. W. W. Keen, Jr.

The *Pennsylvania Hospital* and the *Philadelphia Hospital* (Blockley), have opened their doors to Students free of expense for Clinical instruction. Clinical Instruction is also given at the Episcopal Hospital, the Children's Hospital, the City Lying in Hospital, Howard Hospital, and Wills' Hospital. At the last named Hospital, Dr. A. D. Hall will give evening demonstrations with the ophthalmoscope, commencing April 3d at 8 o'clock P. M. and continued weekly until July. The method of instruction will be that pursued in the schools of Vienna and Edinburgh; and the latest German and French coloured plates of ophthalmoscopic appearances will be used in illustration. Fee for the course $10.

Among the other hospitals and dispensaries of the city accessible to Students may be named St. Joseph's Hospital, Charity, and Lying in Hospital. Christ Church Hospital, German Hospital, St. Francis Hospital, Jews Hospital, Woman's Hospital, Philadelphia Dispensary, Southern Dispensary, and Northern Dispensary.

Mütter Lectures on Surgical Pathology.—A course of ten lectures on Fractures of the Lower Extremities will be delivered by Dr. J. H. Packard at the Hall of the College of Physicians, commencing Tuesday, April 2d, and continued every Friday and Tuesday evenings for five weeks.

The *Philadelphia, Summer School of Medicine*, 920 Chestnut St., conducted by Drs. Robt. Bolling, J. H. Hutchinson, H. Lenox Hodge, E. A. Smith, D. Murray Cheston, and Horace Williams, will give a regular course of examinations and lectures during April May, June, and September, on Anatomy, Surgery, Chemistry, Physiology, Obstetrics, Materia Medica, and Practice of Medicine.

The Class rooms contain a cabinet o Materia Medica, Bones, Bandages, Manikins, Illustrations, Text-Books, Microscope, Chemical Reagents, etc., and in

them students may study, practise bandaging, and conduct microscopical and chemical examinations.

Surgery—A course of lectures will be delivered by H. Lenox Hodge, M. D., on the history, causes, symptoms, pathology, and treatment of Surgical Diseases and Injuries, and upon the employment of the Microscope, Ophthalmoscope, Otoscope, Laryngoscope, Endoscope, Percussion, Auscultation, and the Thermometer in recognizing such disorders.

Percussion and Auscultation in Diseases of the Lungs and Heart will be taught by James H. Hutchinson, M D., by Lectures, and by the Clinical Examination of patients.

Microscope—The structure of the Microscope, and the manner of using it, will be explained, and the Microscopical appearance of the tissues and fluids in health and disease will be exhibited.

Urinary Deposits and Tests—Students will be instructed in the microscopical and chemical examination of the urine, and will be enabled to make themselves familiar with its practical employment.

Clinical Instruction.—Pennsylvania Hospital—The advantage of attending the Lectures, Operations, and Clinical Examinations of patients at this important hospital will be secured without charge.

Episcopal Hospital—Drs Hutchinson and Smith will take the class through its well-arranged wards, so that by the bedside disease may be readily recognized and its symptoms accurately studied.

Children's Hospital—Much of a physician's practice being among children, it is essential that their various disorders should be seen by the student. Drs. Hodge, Hutchinson, and Cheston will, during the session, have charge of the numerous outdoor and in door patients of this establishment, and will offer every facility to the class.

Dispensary for Diseases of the Heart and Lungs will be conducted by Dr. Hutchinson, in connection with his lectures.

Fee for the whole course, fifty dollars, or, any part may be taken separately.

Summer Course of Medicine.—Drs. George Pepper, William Pepper, Harrison Allen, and Edward Rhoads will begin their summer Course of Medical Instruction on April 1st, 1867. In addition to the regular series of examinations, this course is designed to meet an obvious need, by furnishing opportunities for becoming acquainted with those branches of Medical Science, which are necessarily somewhat neglected during the winter months.

The examinations which will be given in connection with the study of the authorized text books, will embrace the subjects of Anatomy, Chemistry, Physiology, Practice of Medicine, Surgery, Materia Medica, Obstetrics.

Medical Chemistry, with special reference to Urinary Pathology.

Dr. Rhoads will deliver a course of lectures upon this most important subject; including demonstrations of the healthy and morbid conditions of the fluids of the body with their tests and the methods of examining them.

Pathological Anatomy; General and Microscopical. Dr. Wm. Pepper will deliver a course of lectures upon this subject. The lectures will be fully illustrated with specimens from the valuable Pathological Museum of the Pennsylvania Hospital.

The examinations and lectures will be given during the months of April, May, June and September.

Abundant Clinical Instruction will be provided at the Pennsylvania and Blockley Hospitals, and during Dr. Rhoads's term of service at the latter Institution the members of the class will also be enabled to fully enjoy the unrivalled opportunities offered by its Wards.

The advantages of the Clinical Study of Diseases of Women, furnished by the Philadelphia Lying-in Charity, will also be secured without cost.

Fee, for the whole course, $50, or any part of it may be taken separately.

Lectures on Obstetrics.—Dr. F. H. Getchell will deliver a Course of Lectures on Practical Obstetrics, at the Lecture Room of the school of Anatomy, upper end of Chant Street, off Tenth, commencing on Tuesday, April 2d, at 3 o'clock P. M.

The plan of instruction will be to combine to the fullest extent clinical and didactic teaching. The members of the class will have assigned to them the large number of obstetric patients of Catharine Street Dispensary, being in this way brought to the bedside of the parturient woman at her residence; thus affording rare opportunities for obtaining knowledge so important to the

young practitioner. Fee for the course $15.

Dr. Getchell's course on Diseases of Women, at the Catharine Street Dispensary, will commence on Friday, April 5, at 11 o'clock A. M. The pathology and therapeutics of uterine disease will be fully discussed, and the members of the class will be present at the examination and treatment of the females presenting themselves at this Institution during the months of April, May, and June. Clinics Tuesdays and Fridays, from 11 to 12 o'clock. Fee for the course, $10.

Lectures on Microscopy, General and Morbid Anatomy —Dr. James Tyson will begin a Course of Lectures on Microscopy, General and Morbid Anatomy, early in April, and continue two or more lectures a week.

The course will consist of twenty five lectures, and will embrace the principles of construction of the Microscope, the preparation of objects, the process of injecting, and the application of the Microscope to Clinical Medicine.

In connection with the course, the microscopic appearances of all the most important healthy and morbid tissues will be exhibited and described, and the principal theories of their development and growth explained.

That the members of the class may have an opportunity of applying the principles taught, an additional hour will be assigned each week for microscopic manipulations, during which they will be enabled to prepare specimens of the solid and fluid tissues of the body, study the effect of reagents, and familiarize themselves generally with practical microscopy, without which didactic details are of much less value. Fee—for the Lectures, $10. For Manipulation, $5.

Various other teachers will devote themselves to furnish instruction in *special branches*, but not having received their announcements we are unable to give further information.

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Births, Marriages, and Deaths in Philadelphia in the year 1866.—It appears from the official report that the number of *births* registered during the year was 17,437, an increase of 2,009 over the previous year. The male births numbered 9,196, an increase of 1,009 over 1865, and the female births were 8,241, an increase of 1 000.

The *stillbirths* numbered 798—444 males and 354 females.

The number of coloured births registered was 319, an increase of 39 over 1865. Of the whole number in 1866, 161 were males and 158 females.

The *marriages* registered during the year 1866 numbered 7087, an increase of 223 over the previous year.

The whole number of *interments* in the city during 1866 was 16,803, a decrease of 366 from 1865. Of the whole number, 15,872 were whites, 931 coloured; 8,851 were males, and 7,952 females; 4 235 were male adults, and 3,766 female adults; 4616 male children, and 4,186 female children.

Deaths from registered diseases, .	14 655
Deaths from stillborn, ...	798
Deaths from old age, ...	520
Deaths from unknown, external and accidental causes, ...	830
Total, ...	16,803

The net deaths in the city were 15,362.

The following table shows the number of births, marriages, and deaths in this city during the past six years:—

Year.	Births.	Marriages.	Deaths.
1861 . . .	17,271	4,417	14,408
1862 . . .	14,741	4 662	15 097
1863 . . .	15.293	5 474	15 788
1864 . . .	15,591	6,752	17.582
1865 . . .	15,428	6,864	17,169
1866 . . .	17,437	7 087	16,803
	95,761	35,256	96,907

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University of Pennsylvania, Medical Department.—The number of matriculants during the session 1866-7 was 464, and at the commencement held on the 14th March the degree of M. D. was conferred on one hundred and fifty six candidates.

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Jefferson Medical College, Philadelphia. The number of Students in this school during the session of 1866-7 was 356, and at the commencement held on the 9th of March, the degree of M. D. was conferred on 150 candidates.

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Philadelphia College of Pharmacy.—At the forty sixth annual commencement of this school, held at the Academy of Music

on the evening of the 15th of March, the degree of Graduate in Pharmacy was conferred on forty two candidates.

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University of Maryland.—At the commencement of the Medical Department of this University on the 9th of March, the degree of M. D. was conferred on 75 candidates.

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St. Louis Medical College.—At the annual commencement held on the 1st of March, the degree of M. D. was conferred on 51 candidates.

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Missouri Medical College.—At the recent commencement of this Institution the degree of M. D. was conferred on 21 candidates.

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Rush Medical College (Chicago, Illinois).—At the annual commencement held on the 30th of Jan. last, the degree of M. D. was conferred on 72 candidates.

Moses Gunn. M. D., of the Medical Department of the University of Michigan, has been appointed to the chair of Surgery in the above school, made vacant by the death of Dr. Brainard.

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Medical Department of the University of Buffalo.—At the annual commencement held on the 26th Feb. last, the degree of M. D. was conferred on 40 candidates.

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Bellevue Hospital Medical College.—At the annual commencement, held February 28th, the degree of M. D. was conferred on 140 candidates.

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University of Nashville—Medical Department.—The number of matriculants during the session of 1866-7 was 192, and at its close the degree of M. D. was conferred on 56 candidates.

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Massachusetts Medical College—Medical Department of Harvard University.—Dr. James C. White has been appointed Adjunct Professor of Medical Chemistry in this school.

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Proposed Organization of a State Medical Society in West Virginia.—"As a means of elevating the standard of Practical Medicine and Surgery in West Virginia, and to render quackery odious as it deserves," a number of the most respectable physicians of the State have issued a call for a convention to assemble at Fairmount, W. V., on the 10th day of April, with the view to the formation of a State Medical Society. "The call is urged upon all members of the regular profession, and their presence in the proposed convention is earnestly solicited. A full attendance is desired, not only on account of the interest connected with the organization of the State Society, but also because the American Medical Association will meet in Cincinnati early in May, and the profession of this State should be represented in it, in accordance with the expressed desire of the Association."

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Remarkable Rain Fall.—Dr. Alden H. Steel, Assist. Surg. U. S. A, in a letter dated Fort Stevens, Oregon, Jan. 28, 1867, states that "more rain probably falls at this post. than at any other place in the United States; the amount for the year 1866 being 7 feet $3\frac{1}{10}\frac{3}{0}$ inches."

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Deaths from Chloroform.—Dr. C. R. Parke, of Bloomington, Ill., reports (*Chicago Medical Examiner*, Jan. 1867) a case of a lady, 20 years of age, apparently in good health, who suddenly expired after inhaling about a drachm of chloroform, given to induce anæsthesia, for the relief of pain in the extraction of teeth.

Three days previously she had inhaled chloroform and had had six molar teeth extracted without any deleterious effects.

Another case of death by chloroform took place recently, it is stated in the *Medical Record* (March 1, 1867), on the occasion of the performance of a rhinoplastic operation by Prof Hamilton. The patient was a robust Irish woman. The chloroform was chemically pure, the usual care was taken in its administration, and every means which science could suggest were employed to ward off the fatal result without effect.

A death from chloroform is also stated to have very recently taken place at the Hospital in Toronto, Canada. The victim was a man to whom chloroform was administered preparatory for the ligation of the external iliac artery.

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Obituary Record.—We are pained to hear of the death of Dr. Henry Bryant, of this city, which took place at Porto Rico

on the 1st inst. Dr. Bryant was passing the winter in the West Indies in the pursuit of health and in the collection of objects of Natural History. He was an enthusiastic ornithologist, and to his liberality the Boston Society of Natural History is indebted for the recent donation of the magnificent La Fresnaye collection of birds.—*Boston Med. and Surg. Journ.*, Feb. 21, 1867.

——, at Sing Sing, N Y., in the 64th year of his age, HORACE GREEN, M. D., formerly of the city of New York, and author of several works on the Diseases of the Air-Passages.

FOREIGN INTELLIGENCE.

Death from Chloroform.—It is stated in the *Lancet* of March 2, 1867, that a stableman died under the influence of chloroform at the St. Mary's Hospital last week. It was administered to facilitate the reduction of a dislocated thumb.

Sequelæ of Surgical Operations.—M. MAISONNEUVE thinks that of every hundred patients who die after surgical operations at least *ninety-five* are poisoned. This he explains by showing that in most cases of the kind referred to, certain morbid products, the result of the operation, are developed either in the blood or on the surface of the body, and make their way into the system. He formulates his remarks thus: (1) The blood and other animal fluids, when exposed freely to the air, or in contact with aqueous substances, soon lose their vitality. (2) Once dead, they are liable to putrefy under the influence of heat, moisture, and air. (3) The products of such putrefaction are highly poisonous. (4) It is the same with such secretions as the urine, bile, and intestinal juices. (5) In infiltrating the permeable tissues with which they are in contact, these poisoned liquids give rise to gangrene, erysipelas, &c. (6) These same liquids, either by themselves or mixed with the special products of inflammation they provoke, can, in entering the circulation, alter the blood and disturb important functions. (7) After their expulsion from the general bloodvessels they may remain in the capillaries, the parenchymata, serous tissue, &c., and give rise to abscess, anthrax, &c. (8) The entirety of the disturbances constitutes surgical fevers. To prevent these terrible consequences of operation, M. Maisonneuve suggests the adoption of the subcutaneous method, and the employment of all means of preventing putrefactive processes.—*Lancet*, March 2. 1867.

The Gastric Juice.—The principal part of a lecture on digestion in the stomach, by M Vulpian, at the Musée d'Histoire Naturelle, Paris, was devoted to the gastric juice, in which he referred to the results of the most recent physiological investigations. According to Lehmann, the amount of gastric juice secreted in twenty years by the dog is equal to the tenth of the weight of the whole body; according to M. Lucien Corvisart, the proportion is 50 to 60 grammes per kilogramme. In man, MM. Bidder, in their first experiments, rated this quantity at 100 grammes per kilogramme of the weight of the body, which would give about 6 kilogrammes in twenty-four hours. M. Schmidt, by recent observations made on the gastric juice of a woman having a gastric fistula, calculated that 580 grammes were secreted in an hour, which would give 14 kilogrammes a day, being about one-fourth of the weight of the body. Chemists are not yet perfectly agreed as to the results of the analyses of the gastric juice. The following is given by M. Schmidt as the result of nine analyses of the gastric juice of the dog obtained as pure as possible: 1000 parts contained--water, 973 062; organic matter, 17 127; free hydrochloric acid, 3 030; chloride of potassium, 1 125; chloride of sodium, 2.507; chloride of calcium, 0.624; chlorhydrate of ammonia, 0 468; phosphate of lime, 1.729; phosphate of magnesia, 0.226; phosphate of iron, 0.082. The gastric juice is a nearly colourless limpid fluid, with an acid, saltish taste. According to M. Vulpian, it is permanently acid, in different degrees, a fact established by the experiments of Leuret, Lassaigne, Tiedemann, and Gmelin.—*Med. Times and Gaz.*, Nov. 10, 1866, from *Rev. des Cours Scientif.* Nov. 3.

Starch Granules in the Yelk of Egg.—M. DARESTE announces that he has discovered starch-granules in the yelk of the hen-egg. The starch-granules form a nearly continuous layer in the interior of the globules of the yelk. This layer, which is decidedly spherical, surrounds a drop of oily matter which occupies the centre of the globule, and is surrounded by a layer of nitrogenous matter. The situation of the

amyloid layer in the interior of the yelk-globules renders its examination extremely difficult, for the nitrogenous, starchy, and oily layers are all affected differently by reagents; thus, iodine colours the azotized layer yellow, the starch blue, and the oil red. M Dareste recommends those anxious to examine the starch-granules of the egg to use hard-boiled eggs in preparing their microscopic specimens.—*Lancet*, March 2. 1867.

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Whole Meal Bread.—It is well known to chemists and physiologists that the extremely finely bolted and white flour, which is now so much sought after, is far less nutritious than what is termed middlings, or unbolted flour, the most nutritious ingredients of the grain—the wheat phosphates and gluten—being removed to obtain the desired whiteness. Dr. Henry McCormac, of Belfast, in a communication to the *London Pharmaceutical Journal* (July, 1866) makes some interesting remarks on this subject, and observes: "What I want to see everywhere, is the preparation of whole meal bread—bread including the bran, with the bran gluten and the bran phosphates, so all essential to good bread and the nurture of our flesh and bones. But I do not think that the working classes, to whom it is so very important, will ever take to it fully until set the example by the more instructed classes."

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Prevention of Accidents from Fire-damp.—M. Sommet, a pupil of M. Wurtz, on account of the accidents which unfortunately too frequently happen in coal-mines subject to fire damp, proposes to the Academy of Sciences, Paris, to introduce into all the drifts electrical conducting wires, so that, on several points, during the absence of the men, the inflammable gases may be set on fire by interrupting the electrical circuit. By this means, he said, the numerous deaths might be avoided, which during the last month have brought desolation into the families of the colliers and the neighbourhood.—*Brit. Med. Journ.*, Feb. 9, 1867.

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Faculty of Medicine of Paris.—The newly-appointed professors are as follows: M Lasègue, Prof. of Pathology and General Therapeutics; M. Vulpian, Professor of Pathological Anatomy; M. Sée, Professor of Therapeutics and Materia Medica; M. Broca, Professor of External Pathology; M. Axenfield and M Hardy, Professors of Internal Pathology.

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Smallpox in London.—At the annual meeting of the governors of the Smallpox Hospital, it appeared from the report of the medical officers, that a much larger number of patients had been admitted during the year 1866 than in any other year since the foundation of the hospital, in 1746, and the excess was looked upon as enormous The excess of admissions in the last year over either of the three preceding years had been essentially due to the persistence of epidemic causes. The numbers admitted during the year 1866 were 2 069, being an excess of 25 per cent. over 1863, the year of largest admissions prior to last year. This was a ratio out of all proportion to the extension of the metropolis and the augmentation of the population. The smallpox epidemic which was now prevailing, without any sign of cessation, had really commenced in London so far back as 1862, and had continued with varying degrees of intensity up to the present time. The numbers admitted in 1863 were 1,537; in 1864, 836; in 1865 they were 1,249, and last year, as before stated, 2,069. Of 2,037 of the last mentioned number, 425 occurred to persons who had not been vaccinated, and three of the cases were to persons who had before suffered. In the course of the year there had been 271 deaths, 152 of which were of persons who had not been vaccinated, so that 35.7 of the unvaccinated died as against a percentage of 7 2 (117 out of 1.605) in the vaccinated persons, or, deducting 10 deaths in this class from antecedent or superadded disease, the percentage of this class was only 6.7. In the year, 388 persons had been vaccinated at the hospital, and 580 charges of lymph supplied to members of the medical profession.—*Brit. Med. Journ.*, Feb. 9, 1867.

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Sanitary Condition of London.—Dr. Letheby's annual report shows that the sanitary condition of every district of the city has been greatly improved during the last ten years, the average death-rate having been reduced to the extent of about eleven per cent.; and, secondly, that the aggregate mortality in the city (22.2) is much less than the common death-rate of the metropolis and the large towns of England (24.3). It

stands, indeed, exactly at the average proportion (22.2) for the whole of England during the last ten years. It is less than the proportion in England (23.4) for the year which has just expired; and for almost everywhere the death-rate has been excessive. In London it has risen from 24 0 per 1000 to 26.2, and in the chief towns in England from 24.3 to 26.7; but here, notwithstanding the existence of cholera, the death-rate has improved from an average of 24.8 to 22 2 per 1000 of the population. In the western district of the city the death-rate still stands at a high proportion; but even there the mortality is being gradually reduced, for in ten years it has declined from an average of 28.2 per 1000 to 26.8.—*Brit. Med. Journ.*, Feb. 9, 1867.

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London Dwellings for the Poor.—The poor of London, for the most part, live in single rooms of six, eight, or ten-roomed houses, constructed for the accommodation of one family. There is one water-tank, one dust-bin, one coal cellar, and one closet for four, six, or eight families. All water for the use of those on the upper floors has to be carried up and down between the basement and the dwelling; consequently very little water is used. Staircases, yards, and passages, are left to take care of themselves. The privies, often in the dark, sometimes under the stairs, are left to get so dirty that the inmates cannot use them in the proper way, so that soil accumulates on the seat or the floor. What is wanted is, that every family should have their own water-closet and water-supply, their own coal-cellar and shoot for the dust-hole. The model dwellings are but few, and, for the most part, too dear for the poor. The new houses that are built are, many of them, worse than the old ones, except that they are not allowed to be placed back to back, and the roads are wider. But they are only adapted for single families; their foundations are bad; the drainage is often bad, because not inspected while the house is building; the bricks are of indifferent quality, being excessively porous; and the walls so thin, that the houses are damp, cold, and unhealthy. Houses are often built on the site of excavations which have been filled up by road-dritt and slush. In many other cases the flooring and joists rest upon the soil, which is generally of clay.—*Brit. Med. Journ.*, Feb. 2d, 1867.

Homœopathists v. *Homœopathy.*—From a recent discussion which took place at the Société Médicale Homéopathique de France, it would seem that some of the leading homœopathists are abandoning not only the practice of infinitesimal doses (which, indeed, they have pretty generally done long since), but even their theoretical defence. M. Curie, son to the well-known homœopathist of that name, having made the declaration in the Society that for his part he did not believe in the action of infinitesimal doses—or, at the very least, had his doubts respecting them—M. Léon Simon asked, in some dismay, "What, then, is to become of homœopathic tradition? Are we to burn the books of our predecessors, and close our pharmacies? Are we to admit that we have been hitherto either charlatans or dupes! This is no question of mere doctrine, but one of fact, for we cannot have been following an erroneous course for sixty years without exhibiting complicity or stupidity." "Not so," replies M. Curie, "I can very well imagine the properties which may be developed in medicinal agents by infinitesimizing their division, but practically I have not met with them, and I attribute the good which results from their employment to the prevention of the perturbating action of allopathic procedures and leaving nature to her unimpeded action. What proof have you that your doses have effected cures, in the utter absence there is of all means of exact clinical comparison in the cases under your treatment?" M. Cretin observed that M. Curie did not deny the virtue of these infinitesimal doses, but remained under the influence of scientific doubt, ready to give way to conviction on the production of exact facts. For his own part, if, while accepting the law of *similia similibus*, he is to be expected to embrace all the contradictory opinions of Hahnemann and his followers, he must decline continuing to be a member of the Society. M. Jousset observed that, in fact, homœopathy has entered on a new phase, the phase of friendly criticism. "In fact, if we look at our Materia Medica, we find a diffused heap of numberless symptoms, which are frequently contradictory or puerile, while the clinical facts that have been published in numerous instances are utterly destitute of the basis derived from diagnosis, and exhibit the grossest ignorance. The com-

parison of the symptoms derived from the Materia Medica and from poisonous substances is sufficient, however, to convince us that Hahnemann's observations are based on truth; while many clinical observations are due to skilful and honourable men. Then, again, our own daily practice convinces us, however difficult it may be to convey that conviction to others, that the success following the employment of infinitesimal doses cannot be explained as mere coincidences." M. Cretin commented on the disreputable character of much of homœopathic literature, and on the impossibility of getting the curative agencies so abundantly boasted of in books demonstrated in practice.—*Med. Times and Gaz.*, March 2, 1867.

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Chignons and their Resulting Evils.—A desperate struggle is being made by those who have considerable self interest at stake to stifle the truth in regard to the ill effects of certain artificial practices of adornment which are supposed to enhance the conventional beauty of the fair sex. There are still greater risks to be apprehended than those we have already pointed out in the use of artificial hair. The fact that a very large amount is originally studded over with the egg-bags of the common pediculus is one of the best evidences that the individuals from whom the hair has been obtained were strangers to habits of cleanliness. In much of the hair that comes into the English market, especially that of a lighter shade, the distal half of the shaft is dotted over with what are generally regarded as "nits." These are of two kinds: the one attached laterally—ova remains; and a second form which, surrounding the hair, is difficult to detach (more difficult than the true "nits"), and may be found on hair that has been prepared and cleansed for sale. The latter is nothing more nor less than a collection of vegetable sporules or cells similar to those which are found in the various forms of ringworm. They are not destroyed by many of the processes to which the hair is subjected in its preparation; and there can be no doubt that, when placed upon a favourable soil, they would speedily grow and produce serious disease. Fortunately the scalp of adults does not form a favourable *nidus* for these parasitic germs, but in some instances of scurfy disease of the scalp there is reason to think they are the true cause of mischief. In the case of the young it cannot be doubted that ringworm would be produced by their growth; and the fact is certain that many ladies carry about with them in their "chignons" the seeds of the "ringworm"—an intractable malady. There is also a novel species of false hair in the market; it is called "churchyard hair," and consists not only of the shafts but the roots also, and hence must have been pulled from the scalp of the dead!—a horrible idea, and one that should certainly make ladies revolt against the present absurd and uncleanly fashion.—*Lancet*, March 2, 1867.

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Coining Blood into Drachmas.—In the recently issued volume of *St George's Hospital Reports*, it is mentioned "as a striking contrast to modern practice," that Sir Cæsar Hawkins, surgeon to that hospital from 1735 to 1774, and sergeant-surgeon to King George III., is reported to have made £2 000 per annum by bleeding alone.—*Brit. Med Journ.* Jan. 19, 1867.

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Royal College of Surgeons of Ireland.—Dr. Mapother has been elected Professor of Anatomy and Physiology in this school, to fill the vacancy made by the resignation of Dr. Arthur Jacob.

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Obituary Record.—Died, in Edinburgh, Feb. 1, 1867, of typhoid fever, Edmund Scoresby Jackson, M. D., aged 32 Dr. J. was extra Academical Lecturer on Materia Medica and Therapeutics in the College of Surgeons and the author of an excellent "Notebook on Materia Medica, Pharmacology, and Therapeutics," as well as of some admirable papers published in the *Edinburgh Medical Journal*, among others one on Aphasia.

——, at Brighton, Jan. 31, 1867, in the 57th year of his age, Alexander J. Sutherland, eminent for his acquaintance with mental diseases.

——, in London, Jan. 17. 1867, of disease of the kidneys, William Brinton, M. D., in the 44th year of his age; author of a well known work on Diseases of the Stomach, and an eminent practitioner.

MEDICAL LEXICON; A DICTIONARY OF MEDICAL SCIENCE: Containing a concise explanation of the various Subjects and Terms of Anatomy, Physiology, Pathology, Hygiene, Therapeutics, Pharmacology, Pharmacy, Surgery, Obstetrics, Medical Jurisprudence, and Dentistry. Notices of Climate and of Mineral Waters; Formulæ for Officinal, Empirical, and Dietetic Preparations; with the Accentuation and Etymology of the Terms, and the French and other Synonymes; so as to constitute a French as well as English Medical Lexicon. By ROBLEY DUNGLISON, M. D., Professor of Institutes of Medicine in Jefferson Medical College, Philadelphia, &c. Thoroughly Revised, and very greatly Modified and Augmented. In one very large and handsome royal octavo volume of 1048 double-columned pages, in small type; strongly done up in extra cloth, $6; leather, raised bands, $6 75.

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It is undoubtedly the most complete and useful medical dictionary hitherto published in this country.—*Chicago Med. Examiner*, Feb. 1865.

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It deservedly stands at the head, and cannot be surpassed in excellence.—*Buffalo Med. and Surg. Journal.* April, 1865.

We can sincerely commend Dr. Dunglison's work as most thorough, scientific, and accurate. We have tested it by searching its pages for new terms, which have abounded so much of late in medical nomenclature, and our search has been successful in every instance. We have been particularly struck with the fulness of the synonymy and the accuracy of the derivation of words. It is as necessary a work to every enlightened physician as Worcester's English Dictionary is to every one who would keep up his knowledge of the English tongue to the standard of the present day. It is, to our mind, the most complete work of the kind with which we are acquainted.—*Boston Med and Surg Journal*, June 22, 1865.

We are free to confess that we know of no medical dictionary more complete; no one better, if so well adapted for the use of the student; no one that may be consulted with more satisfaction by the medical practitioner.—*Am. Journ. Med. Sciences* April, 1865.

The value of the present edition has been greatly enhanced by the introduction of new subjects and terms, and a more complete etymology and accentuation, which renders the work not only satisfactory and desirable, but indispensable to the physician.—*Chicago Med. Journal.* April, 1865.

No intelligent member of the profession can or will be without it.—*St Louis Med. and Surgical Journal.* April, 1865.

It has the rare merit that it certainly has no rival in the English language for accuracy and extent of references.—*London Medical Gazette.*

HENRY C. LEA, Philadelphia.

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CLINICS.

CLINICAL LECTURES.

A Lecture on Diseases of the Heart in the British Army; the Cause and the Remedy.—By M. C. MACLEAN, M. D., Deputy Inspector-General; Professor of Military Medicine, Army Medical School, Royal Victoria Hospital, Netley.

GENTLEMEN: It may be asked, are the diseases of the heart and great vessels more prevalent in the army than in civil life? I think they are.

I have often told you, that it is one of the drawbacks to our regimental system that some of our medical officers, until they come to do duty in such an hospital as this, are often imperfectly impressed with the real extent to which certain diseases prevail in the army. They see a certain limited number of cases, year after year, in their regimental hospitals, and, forgetting to multiply these by the number of battalions, they have no adequate knowledge of the extent to which certain diseases prevail, or the losses which the state suffers in men and money from them. It is only when they come to do duty in such an establishment as this (the Royal Victoria Hospital, Netley), where individuals from all parts of the world pass in review before us, that the eyes of many are opened. Many excellent and experienced staff-surgeons, who have served in all parts of the world, have expressed their astonishment to me on seeing for the first time the sad procession through our wards of so many men in every stage of phthisis and heart-disease; too many of them as clearly traceable to a remediable cause, as a case of inflamed eye to a visible particle of dust on its surface.

The hospital opened March 9th, 1863.

Published monthly by HENRY C. LEA, No. 706 & 708 Sansom Street, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage.*

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From that date to the present month, December, 1866, 5500 patients passed through the Medical Division. 492 of the above were admitted for diseases of the heart; the great majority being men in the prime of life. Of these, 463 were lost to the service—that is, invalided.

This is only a part of the truth. I cannot tell you how many men, invalided from the Surgical Division, had heart-affection, that would, even had there been no surgical disability, have made them unfit for duty. Nor can I tell you how many men discharged from what we here call the Convalescent Division (the side of the house in which men about to be invalided, but requiring no medical treatment, are quartered) suffered in this way; but I do not doubt that the number was considerable. Nor must I forget to remind you that, in this hospital, we only see invalids from foreign stations. We know nothing here of the invaliding of men from home stations. But I can tell you that, when this school was located in Fort Pitt, and when invalids from the various districts and commands in Great Britain were sent there to be disposed of, I myself saw, between July 12th, 1860, and June 30th, 1861, 2769 men discharged the service. Of these, 445 (or 16.07 per cent.) were under two years' service; and of the 445 lads thus discharged, heart-diseases made up 13.7 per cent. From July 1st, 1861, to June 30th, 1862, 4087 men were discharged the service; 569 of them (or 13.92 per cent.) had less than two years' service; and of these, 14.76 per cent. were lost to the service from heart-diseases.

But even this is not the whole truth. The above figures tell us nothing about the Royal Artillery, the Household Troops, or that large portion of the British army quartered in Ireland.

Surely, I have said enough to awaken your attention. Let us now inquire into the cause or causes of all this suffering, costly invaliding, and inefficiency, with a view to the adoption of a remedy.

The return I hold in my hand shows that, out of the total admissions already given, 252 of our patients were entered as cases of valvular disease. Now, as I have often pointed out to you in the wards, the great majority of these men had none of the signs of valvular disease at all. No murmurs! Why is this? The official nomenclature in use in the service has no heading under which to include what may be called "irritable heart"—that rapid, often tumultuous action so common among soldiers; and which, once established, is never got rid of so long as a man remains in the army and wears the dress and accoutrements of the infantry soldier. Such cases we are obliged to group either under the head of *Morb. Valv. Cord.* or *Hypertroph. Cord.*

Again, I have often pointed out to you that nothing is more common, than to see cases here of well-marked hypertrophy of the heart without valvular disease. The obstacle is not at the outlets of the heart's chambers; it is one which interferes with the free and healthy play of the organ. Look at this preparation. Mark this remarkable white spot on the external surface of this heart. It is as large, you see, as a five-shilling piece. What is it? Nothing, apparently, but a substance analogous to a corn; as much the result of friction and undue pressure, as are the torturing corns with which we are afflicted by unskilful boot-makers. We call it here "the soldier's spot," so common is it on the hearts of soldiers at our *post-mortem* examinations. With this hypertrophy, there is almost always dilatation. In cases of long standing, this leads to valvular derangement, giving rise to murmurs. This is the history of that large number of cases in which we have distinct cardiac murmurs, with no history of rheumatism, acute or chronic, to account for them.

Now, how can we account for the occurrence of this large amount of heart-disease? How far can we trace it to rheumatism? Out of all our cases only seven had a distinct history of pericarditis, three of carditis, and one of endocarditis; and, although rheumatism—"the pains"—is of all diseases the most commonly complained of in the army, a vast number of our young men discharged the service had no history of rheumatism at all. Can we trace it to intemperance, particularly in cases of irritable heart? We must give the same reply. Intemperance is common, too common, among soldiers; but a large proportion of our young men are lost to the service ere they have contracted the baneful habit of spirit-drinking. It has been attributed to excessive smoking; but is there any evidence that soldiers smoke

more than people of the same class in civil life? Certainly not. Neither have we any reliable facts to show that the use of tobacco, even to excess, can account for even one of the various forms of heart-disease, functional or organic, for which we are obliged to discharge so many of our soldiers of all ages.

Is it that soldiers are called upon to make greater exertions than the labouring and manufacturing classes? When I brought the subject of the present system of accoutring the army before a meeting of the Royal United Service Institution, I put the same question, and replied to it thus: "Doubtless the soldier has, at drills, marches, and field-days, to put forth considerable exertion; but is this more, or so much, as we see daily done by our navvies and others of the labouring classes? I think not. We must look, then, to the different conditions under which the two classes work. A labouring man or mechanic, when he addresses himself to his work, lays aside every weight and every article of dress that can in the slightest degree interfere with the free movement of his chest and limbs. In like manner, the sportsman or Alpine tourist adapts his dress to the work in which he is engaged. But the soldier, on the other hand, has to make the severest exertion at the utmost possible disadvantage, as regards the weight he has to carry, the mode in which he has to carry it, and the entire arrangement of his dress and equipment.

[The lecturer then reminded his hearers of the mechanism of respiration, going over all the alterations in form which the chest undergoes during inspiration and expiration, illustrating the demonstration by drawings.]

Is there anything in the mode in which the soldier is weighted and accoutred likely to interfere with these natural movements, more or less at all times, and particularly when making severe exertions? You shall judge for yourselves. Here is a soldier fully accoutred in heavy marching order, strictly according to present regulations, dressed and accoutred as he would be if under orders for a march to meet the enemy. What does he carry? His clothes, great coat, field-kit, and canteen, with sixty rounds of ammunition and seventy-five caps, his haversack, bayonet, rifle, and sling, pack and straps, pouch, etc., weigh exactly forty-eight pounds five ounces and a quarter avoirdupois.

But, in addition to that, he has his rations for three days, his blanket, his water-bottle—making in all sixty pounds three ounces and a half. How does he carry all this? Look at him as he stands before you. The whole weight of the pack is thrown on the straps passing under the arms; mark how they press on the great vessels and nerves which you know to occupy the arm-pit. When this man has marched for a few hours, his hands and arms will swing, grow numb, and painful; and you will, in all probability, see a comrade pass his hands between the straps and the arm-pits, shake the pack, thus to give a few moments of ease, and to change the points of pressure; our friend here doing a like good turn to his neighbour. The pouch and caps, you see, are carried on the buff belt, well pipe-clayed, which runs diagonally across the chest. The bayonet and ball-bag are carried on the waist-belt. You see, therefore, that the belts are so disposed as to press most injuriously on the chest: the cross-belt, stretched by the great weight of the pouch, impedes the forward movement of the ribs; the waist-belt hinders the expansion of the inferior false ribs, which, as we have just seen, in the state of unrestricted movement, is very great; and the pack-straps press on important muscles, arteries, veins, and nerves, to a degree which only those who have carried the loaded pack can appreciate. The weight, especially when the greatcoat (as on the soldier before you) is strapped on, falls, to a great extent, without the line of the centre of gravity. A good deal of this most unnatural restraint is obvious enough to you as the man stands before you making no exertion. You can well imagine how impossible it must be to make severe exertion under so many disadvantages without suffering.

That the objections I have just offered are not theoretical, you have had ample evidence; first, in the statistics of heart-disease plainly traceable to this most injudicious system of constriction; and, secondly, you have heard, in the wards of this hospital, from the lips of many sufferers examined by me in your presence, how well aware the men are themselves that they have been disabled for life by "the belts." I can never forget the inter-

est taken by the old soldiers who were in Fort Pitt at the time when Professor Parkes, myself, and colleagues, and Major Dethon, were making careful trials of the different packs you see on the table before you. They crowded around the men on whom they were fitted; they examined and criticized the fittings; and with one voice gave their unasked testimony to the suffering they had endured while wearing the regulation pack and accoutrements.

Once more, then, before I dismiss this soldier, I ask you to look carefully to all the details to which I have invited your attention.

You will now see, if you did not before, what an important matter this is: that it does not, as I know many of you fancied, concern the combatant officer merely; but that it has most important bearings on the health, efficiency, and even the life of the soldier. To the purely military officer this question of dress and accoutrements is all-important; and it is astonishing to me how little most military men think about it. Look again at this man buttoned up to his throat; his neck still inclosed by a stiff leather stock, notwithstanding all that has been said and written in condemnation of that most mischievous and cruel collar. Look how the man is overweighted; note, again, how the weights are disposed in direct opposition to every sound principle of mechanics. Let us suppose an army or a division, dressed and accoutred as this man is—in strict obedience, be it observed, to the very letter of the Regulations—was expected by a general in command to make a rapid march over broken and difficult ground, and to appear on the field at a critical moment, as did the Crown Prince of Prussia at Sadowa: could men, hampered and overweighted as this man is, accomplish their allotted part in such an operation? Without doubt, no. One of two things must happen. If they struggle on, they must make their appearance on the field in time only to witness and share in a disastrous defeat, or they must cast away all these encumbrances. In either case, the condemnation of the system would be complete. This is not an imaginary case. When the British province of Canada was lately the scene of a marauding expedition from the American frontier, the greater part of the invaders escaped unpunished. Why? The regular soldiers were so overweighted that, although eager to meet the enemy, they were "too late." I mention this on high authority. I saw it in the handwriting of an officer on the spot, than whom no man living is more capable of speaking with authority on such a point.

But you will say these are military matters. Well, perhaps they are. But they are something more; they are matters of common sense and daily experience. I am myself a mountaineer born and bred, and am to this day accustomed to severe and prolonged exertion; but if I were called upon to do a day's work on the moors in such a dress as the British soldier, in obedience to the traditions, not of the field, but of the parade-ground, now wears, I should be in a state of degrading prostration in a few hours. But this is not all. Putting aside the remoter ill effects, in the shape of distressing heart-diseases, let me remind you of what I told you when on the subject of isolation. I saw the 98th regiment disembark for active service before the enemy, in almost every particular accoutred and weighted like the man before you. In a few hours, fifteen or sixteen men were lying stiff and stark on the hillside, struck down, not by the enemy, but by the sun, powerfully aided by the obstruction to free respiration and circulation offered by their dress and accoutrements; while the 49th and 18th regiments, marching and fighting under the orders of officers more experienced in tropical service, with their jackets open, their throats free, no packs on their shoulders, hardly suffered at all.

This, at all events, is the subject from a medical point of view. But you are here training to be not merely medical men, but military surgeons and physicians. Your professional life is to be spent in caring for the soldier; and we, the professors in this school, are here to teach you the military bearings of such matters as we are now discussing.

But the British is not the only army that has suffered from bad adjustment of the pack and accoutrements. The French and Prussian soldiers suffered in like manner; but some pains have been taken to find a remedy. The present mode of carrying the pack, both in the French and Prussian armies, although not perfect, is in every single particular superior to ours. Here they are. (The lecturer here showed the French and Prussian packs; also those of Colonel

Carter, and Sir Thomas Trowbridge, Barrington's, and others; and minutely pointed out wherein the difference laid between them and the one in use in the British army, showing the absence of any cross-belt, the freedom from pressure on the arm-pits, the better distribution of the weights, and so on—at the same time pointing out defects, and expressing an opinion that in the best of them there is much room for improvement, and that the weight in all is too great. Some of the packs shown were peculiarly interesting, inasmuch as they were contrived by men who had themselves carried the British regulation knapsack, suffered in so doing; and, "knowing where the shoe pinched," had exerted their ingenuity to contrive something better.)

Is there any prospect of a remedy for this great evil? I am happy to say there is. Some result has followed the consideration given to this question in this school. A committee of general and medical officers of experience is now investigating this matter, under the authority of the War Office and Horse Guards. My colleague, Dr. Parkes, is on this commission, and mainly to his unwearied exertions the present hopeful prospect of a beneficial change is due. Dr. Parkes has not only done more than any one else to demonstrate the great mischief worked by the present system, but has brought a great deal of mechanical skill to bear in contriving a better system—one calculated to meet not merely the physiological, but the military, parts of the problem. He has laboured to satisfy the soldier as well as the doctor.

There is every reason to hope that the present knapsack and all its ill-contrived belongings will soon only be seen in our museum upstairs, among other curious examples of "how not to do it." Ere long our men will be rid of this encumbrance, which has long sat on their shoulders like the Old Man of the Sea on those of Sinbad the Sailor. When this comes to pass, those who succeed you on the benches you now occupy will, I am confident, have fewer opportunities of studying the affections of the heart of which you have seen and heard so much in this hospital; the efficiency of the service will be immensely promoted; and the British army will cease to throw out into the civil population every year a large number of men so organically damaged as to be unfit to earn their bread in any laborious occupation.

It may perhaps be said that, in time of peace, soldiers are not obliged to carry such a weight as the man did who was before you a few minutes ago. That is quite true. Nevertheless, it is certain that at no period of our history was the pack more worn than at present. I find that it is worn at least once a day on regimental parade, and on all brigade and field days, at all the camps in this kingdom. I have been at some pains to ascertain from regimental medical officers the effects observed on the men, particularly on field days. Some do not appear to have paid much attention to the subject, but the majority seem alive to the ill effects of the pack and accoutrements.

Many men fall out in a state of extreme distress; and many surgeons assure me that nothing but a strong feeling of *esprit de corps* prevents many more from doing so. In well disciplined regiments, the practice of falling out at drill or on the line of march is discouraged. Men will suffer much rather than incur the imputation of being "soft." Some, to my own knowledge, have worked on through a field day, and have died rather than give in. An instance of this occurred at Aldershot on a field day about two years ago.

In the first of the reports on packs submitted for the consideration of the General Commanding at Chatham, by the professors of the Army Medical School, the following were the general principles insisted on.

1. To distribute the weight, as far as practicable, over the body.

2. To bring the weight, as far as possible, within the line of the centre of gravity.

3. To allow no pressure on the principal muscles, nerves, arteries, or veins.

4. To avoid most carefully all impediments to the fullest expansion of the lungs, and to the action of the heart. We insisted on this last as the cardinal rule of all; because, unless the circulation through the lungs be quite free, not only will continued exertion become impossible, but the structure of the heart must suffer. The commonest experience shows that the number of respirations and the amount of air drawn into and expired from the lungs is enormously increased by exertion. Late physiological inquiries have shown that the elimination of carbonic acid is also prodigiously augmented, and this is a necessary sequence of the muscular contraction. If this elimination be prevented by

interference with respiration, no amount of energy or volition on the part of the man will enable him to continue his exertion.

I have shown you how immensely superior the Prussian pack and accoutrements are to ours. Yet the authorities there are determined to profit by the experience of the late war; and a Commission is now reviewing the whole question, with a view to greater improvements; and, from what I have heard, unless we are early in the field with our improved system, I suspect the Prussian army will be soon accoutred on a plan as superior to the old as that was and is to the system still in force in the British army.—*British Med. Journ.*, Feb. 16, 1867.

HOSPITAL NOTES AND GLEANINGS.

Gonorrhœa in the Male.—[The *Lancet* of March 16th, of the present year, furnishes the following interesting information in regard to the treatment of gonorrhœa in the male pursued at the prominent London hospitals:]—

Guy's Hospital.—Mr. Bryant tells us he finds no treatment so successful as the alkaline. He gives the tartrate of potash in scruple or half-drachm doses three or four times a day; and in cases that have passed through the acute stage, in which want of power exists, he combines the alkali with the potassio-tartrate of iron. In many cases of chronic gonorrhœa the tincture of the muriate of iron as a medicine acts very beneficially.

The treatment of clap by injections Mr. Bryant has found very unsatisfactory. He finds that it is uncertain in its action, and at times prejudicial, the carelessness of hospital patients more than anything else rendering the practice inefficacious. Some years since he gave an extensive trial to frequent injections of some slight astringents, such as alum, in the proportions of two grains to the ounce; and when the patient injected the solution every hour a rapid cure was not unfrequently effected. A solution of tannin of the same strength was also found useful. The practice could not be followed up in the majority of cases on account of the inability of the patients to find the time for it. Mr. Bryant is now employing a concentrated solution of tannin in glycerine introduced into the urethra on a bougie at short intervals; and, up to the present, his experience speaks favourably for the practice. He promises to report to us on a future occasion the result of the treatment.

At the *London Hospital*, where the patients are low in the social grade, and careless of their own health as well as devoid of all domestic comfort and convenience, Mr. Maunder usually treats a case of uncomplicated gonorrhœa so as to give as little trouble as possible to the patient himself. At both the onset and subsidence of the attack a mixture, composed of copaiba, liquor potassæ, spirit of nitric ether, and camphor mixture, to be taken thrice daily, is prescribed; and a low diet, with abstinence from malt and spirituous liquor, is ordered. Tea, milk, water, and the like may be taken to any extent. Should the case run on to the acute inflammatory stage, a scruple of acetate of potash, with or without the eighth of a grain of tartar emetic and of morphia, for a dose is substituted, and is ordered to be taken every four hours, night and day if possible. Patients generally manage to take either four or five doses during each twenty-four hours. An occasional purge. No stimulants of any kind, but as much in the shape of diluents as the patient can be induced to swallow. The potash tends to diminish the naturally irritating quality (acidity) of the urine when passed over an inflamed surface by neutralizing the acid; and bland fluids, by distributing the acidity through a large quantity of the renal secretion, have a similar tendency. Should the case degenerate into a gleet, and scalding on micturition have disappeared, twenty drops of the tincture of steel, thrice daily, is the remedy employed. In private practice Mr. Maunder prefers to treat a recent attack of gonorrhœa by oft-repeated injections of sulphate of zinc, not omitting also to apply *general principles* suitable to an inflammatory disease.

At *St. Bartholomew's Hospital*, in Mr. Callender's practice, cases of acute gonorrhœa in the male are treated with injections of sulphate of zinc (two grains to one ounce of water); if there be much local inflammation the use of the injection is suspended for a time, and the inflammation is allayed by means of warm fomentations, warm baths, and the internal administration of opium in some form or another, or by the use of a suppository of morphia introduced into the rectum. During the treatment the

general health is considered according to the requirements of individual cases, and under all circumstances medicine is given to maintain free action of the bowels. Diluents are prescribed, and the urine rendered as little irritating as possible. The ordinary diet, if moderate, is not interfered with. The patients are, as a rule, very dirty, and this is a difficulty not easily got over; but they are ordered to keep themselves clean, and to bathe away the discharge from suppurating bubo or from urethra, ten or twelve times daily. The end of the penis, if covered at all, is only loosely so, that the discharge may find easy outlet and not accumulate. It is almost invariably necessary to deal with phimosis, when present, by operation, and this for the sake of cleanliness.

This, in brief, is the general plan, and one all but invariably successful. Inflammation of the testicle is set right by support (chiefly supplied by the local application of a large linseed poultice, which serves also as a kind of fomentation), by opium, and by the recommendation to remain in the recumbent position for a few days. If patients are sent to the out-patients' room with so-called gleet, the cause of the discharge is of course first investigated. If it be simply the remains of a gonorrhœa it is seldom interfered with, as it will get well of itself sooner than if harassed with reputed remedies. Of such, however, the local application of bougies, or the counter-irritant effects of blisters applied to, or of nitrate of silver rubbed over, the front of the upper part of the thigh (Scarpa's triangle) are found the most efficient. Enlargements of the glands in the groin are treated with lead lotion and rest (if attainable). If the parts around them inflame they are poulticed, and, if it be absolutely necessary, they are opened by free incision (the line of cut being, without exception, vertical), and are not allowed to break of themselves.

At *King's College Hospital*, the plan of treatment found most generally successful by Mr. Wood, is in *the acute* stage—1. To commence the treatment by prescribing abstinence from wine, beer, and spirits of all kinds, and from stimulating food. 2. Then to administer a saline aperient, or a drachm of compound jalap powder, or a drachm of jalap and calomel (if the patient be of bilious habit), at intervals of three or four days or a week during the treatment. 3. Then the administration of liquor potassæ, or bicarbonate of potash with camphor mixture, or the infusion of pareira, three times a day, with the abundant use of diluent drinks, such as toast-water, cold tea, barley-water, or linseed-tea. 4. In a day or two after the commencement of the discharge, the *frequent* injection of a weak lead lotion made with glycerine, two ounces to each half-pint. This is continued throughout the acute stage. In no instance has it been considered to be the cause of swelled testicle. 5. In swelling of the testicle, the recumbent posture or mechanical support, with hot fomentations and calomel and opium to relieve pain. In cases attended by severe pain, or where prompt relief is urgent, a small puncture into the distended tunica vaginalis and epididymis is at once followed by a diminution or entire cessation of pain. A little blood-and-serum usually issues from the puncture. In no case has this practice been followed by a bad result. Mr. Wood does not puncture the testicle itself, considering that the chief seat of the swelling in these cases is the epididymis and tunica vaginalis. In one case where the gland had been punctured by a surgeon he observed an adhesion formed between it and the skin, giving some annoyance and inconvenience to the patient. 6. To allay chordee, camphor-and-henbane pills are used, or, in severe cases, morphia or chlorodyne, aided by the local application of iced water, lead lotion, or evaporating lotion.

In the chronic stage—1. While the discharge remains thick and profuse, he uses the copaiba emulsion with dilute sulphuric acid or copaiba capsules, and frequent injections of sulphate of zinc, alum, or nitrate-of-silver lotion; recommending particularly the complete washing away of the discharge by a syringeful of water, so that the injection may be applied directly to the inflamed part. 2. As a change of remedy in obstinate cases, powdered cubebs in drachm doses. 3. In sluggish cases with gleety discharge and general debility, he uses tonics and mineral acids, and especially the tincture of sesquichloride of iron, twenty minims three times a day, with water; and if the discharge becomes gleety or thin, he has found great benefit from the injection of a weak solution of chloride of zinc, and also from the perchloride of iron, mixed with glycerine and water in each

case. The two latter are his chief resource in cases of gleet not depending on stricture, varied by the application of the same substances by the use of the bougie of cocoa-butter, or with matico.

At *St. Mary's Hospital*, Mr. Gascoyen has found that, in the very early stage of gonorrhœa, before the urethra is much inflamed, and the discharge and scalding are still slight, weak astringent injections, frequently repeated, will generally subdue the disease, in a few days. When, however, the inflammation has become severe, with profuse discharge, ardor urinæ, chordee, &c., he does not use injections, but considers copaiba to be the most valuable remedy. This drug he administers in the form of capsules, beginning with small doses, and gradually increasing them until a maximum quantity of from forty to sixty drops of the balsam is taken during the day; this large dose is persisted in for two or three days, and then rapidly decreased. If the curative action of the drug be not experienced within ten or twelve days, it will fail to effect a cure. Mr. Gascoyen has frequently seen the disease yield to this treatment, and it gives almost immediate relief from ardor urinæ and irritability of the neck of the bladder; should these symptoms be very distressing and the chordee severe, the medicine may be most usefully supplemented by suppositories of soap-and-opium.

The effect of the copaiba upon the digestive organs should be carefully watched, and if nausea or purging be occasioned the quantity must be at once diminished. The eruption which sometimes is produced by the use of this medicine is, in Mr. Gascoyen's experience, very rare; he considers it to depend upon an idiosyncrasy on the part of the patient, or to his state of health, as it is generally caused by a few small doses of the drug.

After the violence of the attack has subsided, or when the treatment by copaiba is insufficient, weak injections may again be employed, with drachm doses of cubebs if the discharge be very obstinate, and then quinine; tincture of iron and other tonics will often prove of service. Meat and an unstimulating nutritious diet should be given throughout, and the general health maintained, lest the discharge become chronic, when it is often most persistent and difficult to cure. In many cases wine may be allowed from the commencement, and where the discharge shows a tendency to become chronic it will often be found of great service, and especially in persons of a scrofulous habit. Each individual case, however, requires its treatment modified according to the condition of the patient.

The treatment by salines and depletory remedies in the early stage of gonorrhœa Mr. Gascoyen has found not only useless in controlling the inflammation, but positively injurious, by allowing time for the disease to run its course unchecked before the employment of more efficient means. The so-called "abortive" treatment—that of injecting strong solutions of nitrate of silver into the urethra to destroy or cut short the disease at its onset—he has scarcely ever known to succeed; but has seen attacks of gonorrhœa much aggravated by it, and in a few instances dangerous symptoms followed its use.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

International Medical Congress.—The Editor of the *American Journal of the Medical Sciences* has received the following letter from Dr. Jaccoud, the General Secretary of the Central Commission formed to organize this Congress which will convene in Paris on the 16th of August next.

"Sir and highly esteemed Colleague: The Medical Congress will convene in Paris on the 16th August, 1867, under the auspices of his Excellency the Minister of Public Instruction. Considering the best means for insuring the success of that undertaking, the Central Committee has thought it of primary importance to invite the medical men of France and abroad to participate, and that the nomination of delegates was both the best and shortest way for that end.

"The Committee has consequently prepared a list of delegates, whose duty it shall be to transmit to the undersigned general secretary the lists of such members as intend to take part in the proposed Congress. I have the honour to inform you, dear sir and colleague, that you have been elected as corresponding delegate of the Central Committee. We hope that you will respond to our appeal and aid us in the accomplishment of our important scientific undertaking. The list of delegates will shortly be pub-

lished, and you would oblige us by an early reply in case you should be prevented from accepting the office which we are happy to confide to you.

"Please accept, dear sir and colleague, the expressions of my highest esteem, with which I remain,

"In the name of the Central Committee,

"The General Secretary,

"JACCOUD."

The Editor of the *American Journal of the Medical Sciences* will be happy to receive the names of his medical brethren and of delegates from regularly organized medical societies, who propose to participate in the above Congress and to transmit the same to the General Secretary.

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College of Physicians and Surgeons—Medical Faculty of Columbia College, N. Y.—At the annual commencement of this school on the 14th of March, the degree of M. D. was conferred on 99 candidates.

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Bellevue Hospital Medical College.—At the annual commencement on the 28th of February last, the degree of M. D. was conferred on 148 candidates.

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University of the City of New York.—At the annual commencement on the 1st of March last, the degree of M. D. was conferred on 75 candidates.

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Ohio Medical College, Cincinnati.—At the annual commencement on the 1st of March, the degree of M. D. was conferred on 47 candidates.

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Miami Medical College, Cincinnati.—At the annual commencement on the 1st of March, the degree of M. D. was conferred on 39 candidates.

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Charity Hospital Medical College, Cleveland, Ohio.—At the annual commencement on the 28th of February, the degree of M. D. was conferred on 25 candidates.

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Female Medical Practitioners.—[We insert the following preamble and resolution in compliance with the special request of the Philadelphia County Medical Society.]

"At a meeting of the Philadelphia County Medical Society, held March 20, 1867, the following preamble and resolutions, offered by Dr. Bell, were unanimously adopted:—

"Looking to the usefulness and dignity of the profession, which are inseparably connected with the welfare of the community, we are met with very grave objections to women taking on themselves the heavy duties and responsibilities of the practice of medicine. Their success in the walks of general literature, and even in some instances of science, which allow them a choice of time and season for intellectual labor, cannot be adduced as argument in favour of their ability to bear up under the bodily and mental strain to which they would be unceasingly subjected in this new vocation. The physiological peculiarities of a woman, even in single life, and the disorders consequent on them cannot fail frequently to interfere with the regular discharge of her duties as physician in constant attendance on the sick. How much greater must be the interruption to these duties if she enters the married state and becomes a mother and the nurse of her child. Her delicate organization and the predominance of her nervous system render her peculiarly susceptible to suffer from, if not liable to sink under, the fatigue and the moral shocks which she must encounter in her professional rounds. Man, with his more robust frame and trained self-command, is often barely equal to the task. The home influence of woman is one of the greatest benefits growing out of Christian civilization. More especially is this manifest when we look at her as the head of the household—a help-mate to her husband, and the guide, instructor, and loving friend of her children, whose future happiness and respectability depend so much on her tuition and example. What would be the state of the household, what the present condition and prospects for the future of the children, when deprived to a considerable extent of their natural guardian, who would be engaged all day, and not secure against calls in the night, in the service of the sick? Nor when she is at home, can the mother, worried and fretted and anxious about her patients, give healthy milk to her infant, nor be in a fit frame of mind to interchange endearments with the other little ones, to receive their confidences and to offer advice of restraint or encouragement, as the case may be.

"Once engaged in the practice of medicine, a female physician will not long confine herself to attendance on persons of her own sex. Curiosity, caprice, the novelty of the thing, would induce some men to ask the professional advice of a woman doctor. It is sufficient to allude merely to the embarrassments of both parties in this their new relation to each other. If her services be restricted to the female portion of the family, there must be a regular physician to attend the males, and thus there will be constantly two physicians in the service of the family, with all the chances of counter-prescription and advice, by each party passing the lines of the other, and of breaches of ethics, misunderstandings and heart-burnings. If a female physician be once received in full standing, and professional intercourse in consultation, or at other times be allowed with a physician of our own sex, the greatest latitude will be taken and given as is proper and usual on such occasions, in a statement of the case of disease, whatever it may be—its symptoms, and causes, and details of treatment, therapeutical and physical. Will the woman gain in these meetings by ceasing to blush, while discussing every topic as it comes up with philosophic calmness, and the man be improved in the delicate reserve with which he has been accustomed to address persons of the other sex in the sick room? The limits of modesty once passed in this professional intercourse, will the additional freedom of speech and manner thus acquired, impart grace or dignity to a woman in her new character?

"Could woman be induced to see the true line of duty in relation to medical study, it would be to learn preventive medicine by acquiring a suitable knowledge of physiology and hygiene, so that they might be enabled to preserve their own health and that of their children, and to inculcate on the latter the close connection between the physical and the moral well-being of our nature. The field is large, and its cultivation would richly repay the labourers in it.

"In no other country than our own is a body of women authorized to engage in the general practice of medicine. The specialty of midwifery practice by women in France is hedged in by regulations which call for the assistance of medical men in every case of difficulty or doubt.

"Moved by the considerations now set forth, be it therefore

"*Resolved*, that in conformity with what they believe to be due to the profession, the community in general, and the female portion of it in particular, the members of this society cannot offer any encouragement to women becoming practitioners of medicine, nor can they consent to meet in medical consultation such practitioners."

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Lectures on Obstetric Surgery.—Dr. Horatio R. Storer announces that at the request of several members of the profession, he will deliver a private course of twelve lectures upon Obstetric Surgery, during the first fortnight in June, at his rooms in Boston. Gentlemen attending the course will be required to show their diplomas. Fee $50.

Hotel Pelham, Boston, 28th March, 1867.

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Obituary Record.—It is with deep regret that we record the death, on the 16th April, at his residence, Howellville, Delaware Co., Penn., of our esteemed friend, Dr. Casper W. Pennock, in the 68th year of his age.

Dr. P. was universally respected for his highly honourable character, his extensive professional attainments, and the zeal with which he laboured to extend the boundaries of our science. He contributed to the *American Journal of the Medical Sciences* several valuable papers, the results of his investigations, and he would doubtless have attained to the highest rank in our profession had not his health become seriously impaired, which compelled him some years since to relinquish his professional pursuits. He afterwards retired to his country seat, but his disease made steady progress, and at length closed a career which, at its commencement, held forth promises of being a most useful, brilliant, and honourable one.

Died, in New Orleans, March 20, 1867, Thomas Hunt, M. D., President of the University of Louisiana, one of the founders of the Medical College of Louisiana, and Professor of Physiology and Pathological Anatomy. The faculty of the Medical Department of the University of Louisiana, the Board of Administrators of the University of Louisiana, and the faculty of the Law Department of the same University have severally adopted resolutions highly laudatory of the character of the deceased, expressive of their regret at the loss they have sustained by his death, and of sympathy with his family.

FOREIGN INTELLIGENCE.

Death from Chloroform.—Another case of this occurred on the 2d of last March, at the North Staffordshire Infirmary. The patient was a boy, aged fifteen, who was about to be operated upon for the removal of necrosed bone from the stump of an amputated thigh. Between two and three drachms of chloroform were used. On post-mortem examination the right side of the heart was found loaded with dark coloured blood, and the lungs were highly congested.—*Lancet*, April 6th, 1867.

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Prejudices concerning Breast Milk.—M. Devergie and M. Boudet have been carrying on a discussion relative to ill-regulated nourishment of infants, which is of some practical interest. M. Devergie asserted that nine months' milk was too rich for a newborn infant. M. Boudet declares that chemical analysis demonstrates that, from the first to the eighteenth month, the milk scarcely changes at all. It follows that the supposed danger of feeding a new-born infant with the milk of a woman who has been nursing twelve months is chimerical. M. Boudet also combats the wide-spread opinion, that a newborn infant rejuvenates the nurse's milk.—*British Med. Journ.*, Feb. 16, 1867.

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Fever in London.—At the annual meeting of the London Fever Hospital, Dr. Murchison read a very interesting and important medical report of the institution. The number of patients admitted last year, 3577, was greater, with one exception, than in any year since the foundation of the hospital; and during the last five years the number admitted has been 15,351, or nearly one-half as many as during the previous sixty years. Typhus, the fever the prevalence of which is connected with overcrowding and destitution, had prevailed to an unprecedented extent during the last five years; but last year the numbers with this fever were less than in 1864. During this year typhus was more generally distributed throughout the metropolis than when it commenced, in 1861. The enteric fever, an endemic rather than an epidemic disease, due, it was believed, to bad drainage, had risen during 1865 and 1866 from an average of 181 to 520 and 575, an increase which was ascribed in a great measure to certain climatic influences. Of the 3577 admitted during the year, 2890 had been discharged recovered, 55 had been sent to other hospitals, and 658 had died. This high death-rate was explained to be owing to the fact that a great many patients were sent to the hospital in a dying state. Five of the attendants had died, four nurses and the resident medical officers, through fever contracted while at their duty.—*British Med. Journ.*, Feb. 16, 1867.

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Filters and other Purifying Agents.—The *Lancet Sanitary Commission* has published two reports on this extremely interesting subject, to which we would especially invite the attention of our readers.

In the first report (*Lancet*, Jan. 12, 1867) it is stated that the following filters have been examined: 1st, the Siphon Filter of the London Water-Purifying Company, in which the filtering and purifying material is animal charcoal; 2d, the Moulded Carbon Filter of Messrs. Atkins and Son; 3d, the Silicated Carbon Filter patented by Mr. Dahlke; and 4th, the Magnetic Carbide Filter of Mr. Spencer.

1. The filtering apparatus, Mr. Danchell's patent, causes the water to pass *upwards* through the filtering material, instead of downwards, as in the ordinary arrangement. The intended effect of this is that matters spontaneously settling down are not deposited upon the filtering material, and do not therefore help to clog its pores, and further, that the suspended matters strained from the water, being separated as they always are mainly at the surface of the filtering material, fall away from it in this case and deposit elsewhere; the consequence of this effect being that the filtering material requires less frequent cleansing. The filtering material is contained in a stoneware, wide-mouthed jar, standing on feet, and perforated at the bottom. The lid, also of stoneware, is fitted water-tight into the mouth of the jar by means of a washer and clamp, and can be removed when desired for the purpose of cleaning out the filter. Immediately under the lid is a small chamber, in which the pipe delivering filtered water arises. This pipe leaves the jar either through a hole in the lid or the side of the jar, according to convenience. When it passes through the lid, it passes upwards over the edge of the cistern, on the floor of which the filter is placed, and

is then carried down the outside of the cistern to a lower level than the bottom of the filter, and there terminates in a tap. In this case the pipe forms a siphon, which requires to be set in action by withdrawing the air from it before the water will flow; but it will then continue in action, unless the water in the cistern is allowed to run out. If the pipe passes out through the side of the filter, it is conveyed downwards through the floor of the cistern—at least this is the usual arrangement—and commences to act as soon as the filter is covered with water; it will then continue in action so long as the bottom of the filter is under water. With the exception of the small cavity under the lid, the entire jar is filled with animal charcoal, in the form of charred bones, broken into small pieces, and freed from dust. There is no chamber for storing filtered water; this being plainly both incompatible with the mode of action of the filter and unnecessary. The water is filtered at the time it is drawn off for use—a point in the filter made much of by the proprietors, and it is one in its favour, though of little importance if the water is purified from organic matters by the charcoal, for then the water will not grow stale by standing in a close reservoir. The filter is readily cleansed and the charcoal renewed, which is a decided merit.

2. The Moulded Carbon Filter consists of a block of charcoal, stated to be formed of bone-charcoal, oak-charcoal, and coke, all ground to the finest powder, and incorporated together by pitch. This compost is then placed in steel moulds and subjected to hydraulic pressure of three tons to the square inch, and afterwards heated to a temperature of 1000° Fahr., so as to carbonize the pitch. A perforated cork is fastened into a hole in the block, and through the perforation a glass tube passes to the centre of the block. The filter-block thus prepared is placed in the upper chamber of the filtering vessel, with the glass tube projecting downwards from the block, and passing by means of another perforated cork through a hole in the bottom of this chamber into the lower chamber which stores up the filtered water. When water is poured into the upper vessel, it percolates through the block to its centre, and then passes, filtered, down the glass tube into the lower chamber. The advantages claimed for thia filter are excellent mechanical filtration in consequence of the density of the cake of charcoal through the pores of which the water passes; the chemical action, not only of the animal charcoal on the organic matters, but also of the vegetable and mineral charcoal on other matters dissolved in the water not definitely described; and, lastly, simplicity of structure, and the capability of being readily cleaned by any one. To cleanse one of these filters the block is removed and washed—if necessary, scraped—and blown through by means of the glass tube. In this way the filter appears to be effectually cleaned by a process which could hardly be simpler.

3 The Silicated Carbon Filter consists of a mass of "silicated carbon," varying in thickness according to the work to be done by it, cemented water-tight into the filtering vessel, so as to divide it into two compartments. This silicated carbon is prepared from the coke of the Boghead coal or Torbane-hill mineral—the substance which some years ago was the cause of a celebrated lawsuit, the issue depending upon the decision as to whether it was coal or not coal. The coke is ground to powder, and incorporated with pitch by the aid of heat. It is then formed into cakes by pressure, and subjected to a high temperature in "saggers," so as to carbonize the pitch. The filtering mass is arranged in the filter by placing a layer of animal charcoal, mixed with particles of "silicated carbon," between two of the prepared cakes cemented into the vessel. The upper cake is made much more porous than the lower cake, and separates only the coarser impurities, the filtration being completed by the latter. The proprietors of the silicated carbon claim for it active properties not possessed by simple charcoal, and due to the presence of *minutely divided silica*. They also state that their filter, instead of removing carbonic acid from the water, adds to the quantity already contained by it. The filter is as readily cleaned as the moulded carbon filter, and is exceedingly simple in structure.

4. The Magnetic Carbide Filter differs from the others just described in depending not upon the action of charcoal for its effects. The substance denominated by Mr. Spencer, the patentee, the magnetic carbide, seems to be a magnetic oxycarbide of iron, differing from the magnetic oxide of iron in containing some carbon. It is obtained by

heating together in close vessels hæmatite or red oxide of iron with sawdust. It is powerfully attracted by a magnet, and even possesses itself marked magnetic powers. The filter for domestic use consists of a stoneware jar, divided into three chambers —the lowest for storing the filtered water, the middle for holding the filtering material, and the top for receiving the water to be filtered. The lower partition, on which the filtering substances rest, is provided with a hole protected by a patented invention for keeping these substances from passing through. On this partition is placed a thin layer of sand, and over this a deep layer of magnetic carbide in coarse powder. The upper partition is perforated with holes, the upper surface of the perforated part being covered by a stoneware dome, usually left open at the top, but intended to be loosely stopped with sponge when the water to be filtered contains much suspended matters, and thus to prevent clogging of the filtering bed. The properties claimed for this filter are that of removing nearly all dissolved organic matter from water, and that of retaining the power of doing so for an unlimited period, and of therefore needing no renewal of material, unless water with much suspended matter is allowed to pass through it, or water highly charged with carbonate of lime in solution; for then the filter may become clogged, and consequently require cleansing. The filtering material is not readily got at; but used with the water ordinarily supplied to towns, to do so is unnecessary. Mr. Spencer has placed it in our power to establish in these reports the correctness or otherwise of the stated *permanence of action* possessed by his magnetic carbide, a property not possessed by charcoal, and one, therefore, sufficient to place the magnetic carbide filter before all others, if belonging to it. The magnetic carbide is a substance suitable for laying down in the filter-beds of water companies, and is in use in this way at Southport and elsewhere.

In the second report (*Lancet*, March 23) it is stated that from the results obtained the following conclusions were arrived at :—

1. Whether suspended or in solution, the organic impurities which are ordinarily found in river water can be almost entirely removed from it by certain modes of filtration, the water thus filtered rivalling in purity the best natural drinking-waters.

2. The mode of filtration which, on the whole, does this most satisfactorily is that of Spencer's magnetic carbide filter. Fed with water from a Thames waterworks stored in a house cistern, it gives a rapid supply of water of excellent sensible qualities, bright and colourless, free from odour even when warmed or stored up for days, and with only that slight agreeable taste belonging to a pure calcareous and moderately aërated water, and containing only an exceedingly minute quantity of organic matter. It has not been found to communicate any substance to the water. (Mr. Spencer states that it adds carbonic acid to the water, this gas being produced by the slow combustion of the organic impurities removed from the water itself; our experiments did not enable us to detect any positive alteration in the quantity of this gas contained in water passed through it, except that with *freshly employed* carbide the filter *removed* some of this gas from water.) Lastly, this mode of filtration depends mainly upon the action of a substance—the magnetic carbide—the purifying properties of which show no evidence of being affected by use.[1]

3. Filtration as performed by the silicated carbon filters is also very effectual, and very little inferior to that by the carbide filters; but the water yielded by them is not so free from organic matter as that yielded by the filter last mentioned. To this conclusion we have to append one or two comments. In brightness and freedom from colour, the water delivered by the jar filter sent in to us rivalled that from the magnetic carbide, except at first, when the water used to be slightly opalescent from suspended carbonate of lime. The organic matter in the water—according to our experiments, not belonging to the water with which the filter was fed, but communicated by the filtering material—gave no unpleasant character to the water, and was probably harmless. For some time the water delivered by the filter was charged with caustic lime—was, in fact, a diluted *lime-water*. The water was then, of course, free from carbonic acid; and it is still

[1] In our first Report we stated that magnetic carbide filters were asserted to be permanent in their action unless they were constantly fed with water highly charged with carbonate of lime in solution, or with water containing much suspended matter. Mr. Spencer has written to us to say that carbonate of lime in solution and matters suspended have not been found to interfere with the permanent action of the carbide; so that we erred in our statement.

delivered soft, and with only a little dissolved chalk—a result due most probably to the action of some caustic lime still remaining in the filter, either in the cement or the filtering medium. The presence of this lime must be taken into consideration in estimating the action of the filter upon organic matter: for the precipitation of the chalk dissolved in water by the addition of lime (Clark's process) serves also to precipitate much of the organic matter contained in the water. Another point, already alluded to, in this sample filter, is, that it has always given such exceedingly slow passage to water as to make it yield a very limited supply, and is now nearly clogged up, though only milk and Thames water have been passed through it. We have thus been unable to pass that large quantity of water through it which was desirable. Unless we can have rapid purification of water by a filter, we evidently cannot attach much value to it. Lastly, we have to remind our readers that, besides the coke of the Boghead coal—of itself sufficiently complex in composition—animal charcoal is contained in the filtering beds; so that it remains quite uncertain from our experiments, made according to the opportunities offered us, to what extent the "silicated carbon" possesses purifying properties in itself. We have made a rough trial of the pocket silicated carbon filter, and found it to give a rapid supply of water very little improved by passage through it. We have recorded some experiments which we also made upon water passed through the main service filter at the London Hospital, and it will be remembered that the water was about as free from organic matter as that which was delivered by our jar filter. It was, however, slightly opalescent in a depth of two feet. It seemed to contain a moderate quantity of carbonic acid and dissolved chalk. The action of the silicated carbon filter is not found to be permanent, but we have no facts on this head to communicate.

4. The animal charcoal filter of the London Water Purifying Company possesses, when new, remarkable purifying powers upon water the organic impurity of which is in solution. As a mechanical strainer, however, it is imperfect; and as a purifier of water from matters in solution it manifestly declines in power by use. It is, therefore, hardly trustworthy.

5. The cistern filter of Messrs. Atkins & Co. acts much the same as the last-named filter—judging from the one sent for examination. At first the Danchell filter removed the dissolved organic matter more effectually than the moulded carbon filter; but it lost this superiority after it had been some months in use. On the other hand, the latter filter is slightly better as a mechanical strainer. The water we obtained at Columbia-square, which had passed through the cistern filters there fitted up by Messrs. Atkins, was quite bright and contained no more dissolved organic matter than the cistern filter they sent to us.

6. The simple moulded carbon filter renders water somewhat clearer and a little purer; but we cannot recommend its use as furnishing any material safeguard against drinking impure water.

Superiority of Man over Woman.—It has long been observed that among peoples progressing in civilization the men are in advance of the women; whilst amongst those which are retrograding, the contrary is the case. Just as, in respect of morals, woman is the conservator of old customs and usages, of traditions, legends, and religion, so in the material world she preserves primitive forms which but slowly yield to the influences of civilization. We are justified in saying that it is easier to overthrow a government by revolution than alter the arrangements in the kitchen, though their absurdity be abundantly proved. In the same manner woman preserves, in the formation of the head, the earlier stage from which the race or tribe has been developed, or into which it has relapsed. Hence, then, is partly explained the fact that the inequality of the sexes increases with the progress of civilization. To this must be added the circumstance that the lower the state of culture, the more similar are the occupations of the two sexes. Among the Australians, the Bushmen, and other low races, possessing no fixed habitations, the wife partakes of all her husband's toils, and has in addition the care of the progeny. The sphere of occupation is the same for both sexes, whilst amongst the civilized nations there is a division both in physical and mental labour.—*Lectures on Man*, by Dr. C. Vogt (published by the Anthropological Society).

Therapeutical Society.—A society under this title has just been set on foot in Paris. In the prospectus it is stated that its object is to successively investigate the various agents of the Materia Medica which have been employed from ancient to the present times. It is especially desirous of instituting numerous experiments on animals for the appreciation of the physiological action of medicinal substances, clinical observation then being resorted to in order to control these and exhibit their true therapeutical action. With this view, the Society will not be exclusively confined to medical practitioners, but will also admit into its ranks veterinarians, chemists, and all those who are engaged in experimental physiology. The number of members is, however, to be confined to sixty—viz., forty-five Doctors of Medicine, seven Veterinary Doctors, and eight Pharmaciens. The *Bulletin de Thérapeutique* is declared the official organ of the Society. The Society starts well as regards officers—viz., MM. Trousseau, Honorary President; Pidoux, President; Guêneau de Mussy, Vice-President; Paul, Secretary; Delpech, Treasurer; Gubler, Bouley, and Mialhe, "Conseil de Famille;" Bricheteau, Moutard-Martin, and Hérard, Publication Committee.—*Med. Times and Gaz.*, March 16, 1867.

—

Cholera Prize of Twenty Thousand Dollars.—One hundred and ten works were sent this year to the Imperial Academy of Sciences of France for competition. The report is highly interesting, and gives a good idea as to the manner in which the cholera has been studied. The full prize was not awarded; but various amounts have been granted to Messrs. Legros and Goujon for their experimental researches; to M. Thiersch for his experiments on 104 mice with choleraic dejections; to M. Baudrimont for his atmospheric researches bearing upon cholera; to M. Worms for his essay on prophylactic measures; and to Dr. Lindsay, of Edinburgh, for his experiments on the transmission of cholera by the clothes.

—

New Medical Baronet.—Mr. Wm. Lawrence, the eminent surgeon, has had the honour of a Baronetcy conferred on him. He has well earned this distinction by his very long and highly valuable labours for the advancement of surgical science.

New Director of the British Army Medical Department.—Thomas Galbraith Logan, Inspector Gen. of Hospitals, has had this appointment conferred on him, vice, Sir James Brown Gibson, whose term of service has expired.

—

Obstetrical Society and Mr. J. Baker Brown.—The name of Mr. J. Baker Brown, of clitoridectomy notority, was stricken from the list of Fellows of the Obstetrical Society of London, at a meeting of the society on the 3d of April.

Without pretending to question the propriety of the above decision, we regret to have to say, that we cannot compliment the society on the patience with which they listened to Mr. Brown's defence, or on the order and decorum observed at the meeting. Mr. Brown's expulsion seems, with a large majority of the members, to have been a foregone conclusion, and that they merely attended to record their votes without regard to any explanation or exculpation which Mr. B. or his friends might be able to offer. The frequent interruptions to which Mr. B. and his defenders were subjected, the derisive laughter at their remarks, the impatience displayed to have the vote taken, and the vociferous calls with which the discussion was repeatedly interrupted, might be tolerated in this country at a political mass meeting, but certainly would not be at an assemblage of respectable and educated gentlemen met together on such a serious and painful occasion.

—

Obituary Record.—Died, at Waldie, near Edinburgh, March 6, 1867, in the fifty-third year of his age, John Taylor Goodsir. He succeeded in 1846 Dr. Monro in the chair of Anatomy in the University of Edinburgh, and as an original inquirer enjoyed a most extensive reputation. Our science no less than the Edinburgh school has sustained a great loss by his death.

——, at Birmingham, March 3, 1867, of circumscribed false aneurism of the descending thoracic aorta, caused by being thrown from his horse, J. Redfern Davies, at the early age of 32. He was favourably known in this country from having served as Assistant Surgeon in the U. S. Army during the late war, and by his excellent surgical acquirements.

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The name of Neligan is enough to stamp this work with the seal of value. The editor, who is known as a thorough and indefatigable scholar in his profession, has brought it up to the present date and made many valuable additions to it, as it was published by its late author.—*Pacific Med. and Surg. Journal*, Feb. 1867.

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A compend which will very much aid the practitioner in this difficult branch of diagnosis. Taken with the beautiful plates of the Atlas, which are remarkable for their accuracy and beauty of coloring, it constitutes a very valuable addition to the library of a practical man.—*Buffalo Medical Journal.*

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LECTURES.

Lectures on Experimental and Practical Medicine. 1. *On a New Styptic and Adhesive Fluid—Styptic Colloid—and on Healing by the First Intention.* By BENJAMIN W. RICHARDSON, M. D., Senior Physician to the Royal Infirmary for Diseases of the Chest, &c. (Delivered April 2, 1867.)

GENTLEMEN: It is my intention on the first Tuesday of every month, except in the holiday months of July, August, and September, to invite your attention to a lecture on some subject of medical science and art, which subject, resting on experimental and original research, shall have a direct and immediate bearing on practice, on the treatment, and, I hope I may venture to say, on the cure of disease. You will, I think, agree with me that the time has come when experiment, if it be worth anything as a means of medical research, should be blended with experience, or, I had better said, should be a true foundation of experience. Indeed, we now have before us no other mode of progress. The classical history of medicine is written; the classification of diseases is well advanced; the symptoms of special diseases have been so fully, so excellently described, that simple industry can enable the student to learn diagnosis with the precision, I had almost said, with which he may learn anatomy. The geographical limits of disease have been most faithfully mapped out; the ordinary or descriptive anatomy of the human body is mastered; the minute anatomy is advanced as far as the skill of the optician will let it; morbid anatomy has been demonstrated until it has become a nearly wasteful repetition of labour; and

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surgical art, itself purely experimental and therefore positive, is so brilliantly discovered as to be in its operative part all but perfect.

But there remain yet to the true medical inquirer many grand fields of research. Physiology is an open wide plain; pathology lies even beyond physiology, only to be explored through it; and the field of therapeutics, concerning which empirical observation has done far more than is generally recognized, is still so uncertain that he who advances upon it ever so little is a true benefactor to science and humanity.

"Styptic Colloid."—In this lecture I propose to take up a very simple subject, and yet a subject of first importance in one department of our common work. I am about to call your attention to a compound fluid for instant and ready use in the dressing of wounded surfaces; a compound which is at one and the same time a styptic, an antiseptic, and a complete means of excluding wounded, abraded, or ulcerated parts of the body from the influence of the external air.

My mind was led to this matter as long back as the year 1852. In that year Signor Pagliari, of Rome, announced the discovery of a new styptic, possessing, as he asserted, remarkable properties for arresting hemorrhage. Having made some of this solution, I subjected it to careful experiment, and reported the results to the Medical Society of London. The report based on the facts elicited was not favourable to the new remedy, and as other experience of it confirmed my own it soon lost the popularity that at first surrounded it. The styptic of Pagliari's was composed as follows:—

Gum Benzoin, eight ounces; Alum, one pound; Water, eight pints.

The alum and the benzoin were boiled for eight hours in water, fresh water being added to make up the loss by boiling. The solution as a styptic was found inferior to lunar caustic, but it was superior to a simple solution of alum. It was antiseptic, but was not adhesive.

In succeeding years I made several attempts to produce a better fluid; but it was not until last year, when I was specially studying the application of ether to practice, that I saw the true principles on which to proceed.

The use of collodion, or guncotton dissolved in ether, had for some years been recognized as of great service in covering wounds, and as I found that collodion was very easily diffusible in the form of spray, in seemed to me that it might be applied in that form with advantage, and might even be made to coat a bleeding open surface. But on experiment it came out that, in whatever way applied, collodion fulfils but a small part of the required duty as a styptic and a wound-healer. In the first place, it mixes indifferently with blood; in the second place, it forms but an imperfect adhesion; and lastly, it allows the transudation of air through its structure when laid upon a moist surface, and particularly upon the body, which is at all times throwing off watery vapour. At the same time the principle of the collodion process was excellent; to lay down from a fluid a deposit of solid matter by the evaporation of a volatile solvent was sound and beautiful action.

The next point in advance, therefore, was to combine, if possible, with the ether and guncotton some other substance which, being also soluble in ether and capable of deposit by the evaporation or the ether, would combine chemically with the blood, with the albuminous exudative matter of a wound, or with purulent matter.

The idea only was wanted to secure the object in view. There was one substance which answered all these indications—I mean tannin. A mixture, therefore, of xyloidine, a substance resembling guncotton, and of tannin was formed into solution with ether, and from that came what I designated "*xylo styptic ether.*"

Brought into practice, the advantages of this solution as a means for stopping hemorrhage at once became obvious. Indeed, as a means for the arrest of hemorrhage, less than the application of a ligature to an open vessel, the spray leaves little to be desired. The extreme cold produced by the evaporation of the ether acts directly on the water of the blood, the tannin solidifies the blood by combining with it, and the cotton acts as a plug; thus every indication for arrest of hemorrhage is secured.

But in observing the action of the styptic spray, I soon became impressed with another fact—viz, that after the application to decomposing and fetid wounds and sores the fetor entirely disappeared, the wounds commenced to heal with great rapidity, and a kind of natural covering appeared to form out of the secretion by its combination with the dressing above it.

This observation has led me to simplify the application still further until it has come into this convenient form, a mere solution capable of being kept on the table as gum is kept, and of being applied with a soft brush in the same simple way.

The process of manufacture of the fluid is tedious, but sufficiently easy. The object to be aimed at is to saturate ether entirely with tannin and a colloidal substance, xyloidine or guncotton. In the first step of the process, the tannin, rendered as pure as it can be, is treated with absolute alcohol, and is made to digest in the alcohol for several days. Then the ether, also absolute, is added until the whole of the thick alcoholic mixture is rendered quite fluid. Next the colloidal substance is put in until it ceases readily to dissolve. For the sake of its very agreeable odour, a little tincture of benzoin is finally admixed.

The solution is now ready for use. It can be applied directly with a brush, or, mixed with equal quantities of ether, it can be applied in the form of spray. In order to give to the fluid a short name by which it may be known, I have called it "*styptic colloid.*"

Properties.—When the solution is brought into contact with an open surface of the body, the resultant phenomena are these: the heat of the body gradually volatilizes the ether and the alcohol, and the tannin and cotton, as the ether leaves them, are thus left stranded on the surface in intimate combination. In proportion as the ether passes off, the blood or the secretion of the surface permeates the tannin and cotton; but tannin acts directly upon albumen, coagulating it, and transforming it into a kind of membrane, almost like leather. The cotton meanwhile unites the whole, gives substance to the mass, and adhesive quality. When all is solidified, the dressing becomes, in fact, a concrete, having a true organic hold or basis on the tissues; and as the tannin, if the solution is freely applied, is in excess, any new exudative matter or blood is for several hours taken up by it, and the annealing is made the more complete.

Thus, by this dressing, the air is excluded from every possible point in every possible direction, not by a mere septum, but by the combination of the animal fluids with the remedy; and because the air is excluded and fluid is absorbed there is no decomposition—*i. e.*, no oxidation; and because there is no oxidation there is no irritation.

The styptic and adhesive qualities of this fluid are easily demonstrated by observing its direct action on blood, on serum, on pus, on albumen. You will see that it solidifies all these by mere contact with them.

To these properties I must also add that of complete deodorization. Here is putrid blood, here putrid ovarian serum, here putrid purulent substance. They are unapproachable when laid on an open surface, but we bring them into contact with the solution, and they are deodorized. Further, the decomposed substance is fixed by the tannin and rendered inert.

Modes of Application.—Having thus laid down the principles at work in this method of treatment, let me next pass to the modes of application. I have here an artificial limb; a portion of it is covered with thin skin to represent the ordinary skin. At one part, for the space of six inches by four, there is placed under the skin a spongy substance charged with blood and albuminous fluid. I will now make an incision through the skin, and expose the bleeding surface. Suppose this to be an open wound, the two flaps of an amputation. I close it with silk ligatures in five places. This done, I take a little cotton wool, tease it out finely in a wineglass, and saturate it with the styptic solution. Next, with a soft camel-hair brush, I apply the solution freely over the closed wound, letting it lie between the edges. If blood exude, it simply combines with the solution, making a mass much like red wax. I lay on the solution also for a little distance beyond the wound, and wait a few moments to allow for the evaporation of ether. Next I take from the wineglass the saturated cotton wool with forceps, and lay a seam of it half an inch wide and the eighth of an inch in thickness over the line of incision. Finally, I coat the whole over with another layer of the solution, wait until the layer is nearly dry, cover with a little dry cotton, and, if pressure be necessary, carry over the whole a bandage.

If time is a matter of importance, the evaporation of the fluid can be hastened by gently blowing with the warm breath over the solution as each layer of it is applied with the brush.

Presuming that a cavity has to be treated,

the fluid is often more neatly and handily used as spray. Thus, in treating the roof of the mouth for carious bone, or in plugging a bleeding alveolar cavity after extraction of a tooth, the spray is excellent. We begin in such a case by applying the spray direct to the bleeding surface, and when a layer of deposit is formed we use that as a foundation for a thin layer of cotton wool ready saturated in the solution. Then we reapply the spray, and again cotton, until the whole operation is complete.

For bleeding or fetid discharge from the uterus or vagina the spray is not advisable, because of the introduction of air. Here injection by the syringe is the best process, followed, if necessary, by a plug of cotton wool saturated with the solution.

In cases of compound fracture, after the parts have been brought into apposition as far as is possible and fixed in the necessary position, the fluid should be poured slowly into the open cavity so as to fill it. Then the parts externally should be covered with a layer of cotton wool saturated with the solution.

On open cancer, and on suppurating or decomposing surfaces, the solution may be freely applied with the brush, and afterwards the parts may be covered with cotton wool saturated with the fluid.

In no case need there be any fear that irritation will follow the application of the solution. On the contrary, the action of it is so purely negative that it might be considered a sedative. It is not such in the technical sense of the term, but it so effectually covers the wounded and susceptible surfaces as to maintain what is virtually a sedative influence.

After a fresh wound has been once dressed with this solution, it requires but little further treatment. In the case of small wounds they may be safely left with one dressing. In process of cure the dressing will slowly be thrown off in the form of thick scale, and ligatures will also spontaneously come away. Even when the wound is very large, as after amputation, it is not desirable to try to open the wound unless there be systemic symptoms. In such case, in order to remove the dressing without pain, the bandage, if it be adherent, must be sponged at the adherent parts with a mixture of alcohol and ether, or with alcohol and water; this will set everything at liberty with ease and cleanliness. Water alone must on no account be used, neither hot nor cold.

The Fluid in Practice.—From these directions I may now move to the recital of a few typical cases in which this solution has been employed.

Hemorrhage after Tooth Extraction.—At the request of my friend, Mr. Thomas A. Rogers, of Hanover Square, I was summoned, on May 9, 1866, at 10 A. M., to see a young gentleman who was suffering from a dangerous hemorrhage from an alveolar cavity from which a large molar tooth had been extracted. Mr. Rogers had extracted the tooth at 5 o'clock on the previous evening, and from then until my arrival the bleeding had never ceased. I learned from the parents that all their children suffered from the hemorrhagic tendency in an extreme degree. The young man was now in a state of very great exhaustion, and the flow of fluid blood was still continuous. Laying him upon the floor, with his head raised, I applied the styptic, in the form of spray, directly into the bleeding cavity, and with such force at first as to dislodge the little pool of blood there. Continuing the spray, I was soon gratified at seeing complete arrest of the hemorrhage. I now placed in the cavity a small pledget of cotton wool saturated with the fluid, pressed it firmly home, and covered it with spray; thus, layer upon layer, I not only filled the cavity with cotton wool and firmly set styptic, but builded up the space between the two adjoining teeth with the same substances until the gap in the middle looked as if filled with what the dentists call a bone block. The bleeding was entirely arrested from that moment, and recovery was perfect. There was no sign of irritation in the wound, and when, four days afterwards, the plug came away, all the structures beneath were healed.

Severe Hemorrhage from Necrosis of the Upper Maxilla.—A gentleman suffering from syphilis, extremely aggravated by excess of mercury, was last year brought under the care of my friends Messrs. Musgrave and Milson, of St. John's-wood. I saw the patient with them in consultation many times, and we were all in much anxiety in regard to the roof of the mouth. The mucous membrane of the roof was thickened, red, percolated, and offensive; the fetor was almost unbearable, and every evidence of necrosed bone was present. The soft

covering of the palate at length gave way, the soft parts ulcerated, and about midnight on October 16, the necrosed bone loosened, and was partly displaced. In this way, the two descending palatine arteries were severed, and the most sudden and profuse hemorrhage followed. I was summoned, and soon after my arrival, Mr. Milson also came. Unfortunately, we had to send some distance for the styptic fluid, but meanwhile we tried, quite ineffectually, to plug with the perchloride of iron, and were compelled to trust to pressure with the fingers. When the styptic arrived, we played it freely in the form of spray over the bleeding points, and with instant effect in stopping the loss of blood. Then we plugged carefully with cotton, saturating each layer with the spray, and soon the mass set firmly, and no more blood was lost. By the time we had controlled the bleeding, we were gratified by the arrival of Mr. Paget, whom we had summoned; and as he, from having already tried the styptic, was content to trust to it, we did no more. It is a fact that this patient lost five pints of blood before the fluid was used, but the hemorrhage did not return, the fetor no longer was present; and a few days later, assisted by Mr. Milson, I removed the dead bone. The removal laid bare a wide ulcerated surface or cavity, which we continued to plug with the styptic on cotton wool; and so perfect has been the healing process that the cavity would now bear an artificial plate.

In Open Ulcer.—The styptic solution is equally good in cases of ulceration in other parts of the body, and from other causes. The son of a medical man was brought to me with a large deep ulcer on the face. The boy had a strumous taint, and for three months various remedies had been applied without any avail. I simply painted over the surface of the ulcer freely with the solution, and ordered that it should be steadily applied whenever there was fresh oozing of purulent matter. The result towards cure was favourable beyond expectation, and in nineteen days the ulcer healed.

In Cancer.—My friend, the late Mr. Hitchman, of Leamington, consulted me in reference to a case of large open malignant ulcer of the breast in a woman of middle age. The discharge was most abundant, and the fetor intolerable. Here, again, I suggested the free use of the styptic solution, and with the most useful effect. Pain was soothed by it, the discharge was arrested, and the fetor was completely removed. The death of Mr. Hitchman has prevented me from knowing the result of the case, but in his last letter to me he reported that no previous treatment had given so much relief, and that the broken surface was contracting, and was, he thought, inclined to heal.

For Recent Wounds.—Leaving these cases of hemorrhage and of ulceration, I pass to the effect of the fluid in promoting the healing of recent wounds.

A lady, between 70 and 80 years of age, in coming from her bedroom caught her foot in the carpet and fell foremost on her head, receiving, by striking against a box, a large and severe wound on her forehead. The wound, triangular in shape, raised a portion of skin three inches long on two sides of the triangle. I treated the wound by putting in one suture at the apex of the triangle, and then painting the edges with the solution and covering them with cotton wool saturated with the solution. Not another dressing was required; the wound healed at once without the slightest discharge, and leaving scarcely a scar.

In Amputation.—But the best case of recent wounds which I have to report is that of an amputation treated by the fluid as the dressing. The patient, a young gentleman, was under the care of Mr. W. Adams for extreme deformity of the foot, requiring amputation by Chopart's operation. The operation was performed on Wednesday, February 13 of this year, and as the cuboid bone and os calcis were anchylosed, the saw had to be freely used. Several vessels had to be tied, and the ligatures were left in the usual way, suspended from the wound. When the lips of the wound had been brought together by wire suture, I coated the wound freely with the fluid, and the bandage was applied. Three days later there was no fetor, no discharge, and no general symptoms, but as Mr. Adams was anxious to see the condition of the wound, I undressed it. To our delight, we found it healed throughout, but, unfortunately, from the bandage adhering to one of the long ligatures, I, in removing it there, tore open the newly-healed wound for the space of a quarter inch. At this broken spot about a teaspoonful of purulent matter

formed two days later; but this little break was very quickly reunited, and on the sixteenth day after the operation the patient was able to return to the country with complete healing by the first intention, and without having suffered from one symptom of a constitutional kind.

I was never more indebted than to Mr. Adams for allowing me to put the fluid to this crucial test, nor can I thank him for this without also thanking him for permitting me to practise, and that also successfully, local anæsthesia by the ether spray in the first great cutting operations—viz., for the removal of a portion of the femur, and for partial amputation of the hand.

Points of Practice in Dressing.—The case of amputation to which I have referred leads me to notice two points of practice in respect to the dressing of wounds. In another similar case, I should suggest that, so long as there is no fetor from the stump, no discharge, and no general symptom indicating the formation of pus, the part should not be touched nor interfered with in any way whatever for fourteen days. And, again, I would point out that should the surgeon feel it necessary to remove the dressing, he should scrupulously avoid the use of common water, either hot or cold. Water itself does not dissolve the styptic, and would only make trouble. The fluid to be used is a mixture of alcohol and ether, or equal parts of absolute alcohol and distilled water, warmed a little above the heat of the body.

Another point of practice worthy of note is simple but important. It is, that it is not good to leave the styptic in large quantities within a wound that is about to be closed for healing by the first intention. Thus left it combines with the blood in the wound, and forms a hard substance, which sometimes produces friction, and so causes evolution of heat and pain.

Combinations with the Styptic Colloid.—I have treated so far on the styptic fluid in its simple form. I should add, however, that as a base it combines well with the following medicinal substances, as you will see by the specimens now sent round:—

Creasote.—With the old creasote of the shops the fluid forms an excellent compound. The creasote acts well as an additional antiseptic, and also as a solidifier of albumen. It produces, however, some degree of irritation. The proportion is one minim of creasote to two drachms of solution.

Carbolic Acid.—With pure carbolic acid the fluid also combines. The compound so produced possesses the same properties as the mixture of creasote and the styptic. Five grains of the acid may be added to two drachms of the fluid. The combination is very powerful, but it produces some irritation.

Quina.—The pure alkaloid quina dissolves in the styptic fluid, and forms a good solution in the proportion of one grain to the drachm. The quina adds to the antiseptic power, but, I think, takes away from the adhesive property. Proportion, half a grain to a drachm.

Iodine.—Iodine unites readily with the fluid, and five, or even seven, grains of it may be got into the quarter-ounce. The combination is most useful in cases where there is purulent or fetid discharge from a surface surrounded with indurated tissue. The iodine produces no irritation.

Iodide of Cadmium.—Iodide of potassium and iodide of ammonium do not readily combine with the styptic; but iodide of cadmium, which possesses a similar physiological action, goes up in it readily. Half a drachm of the salt will go up in an ounce of the solution.

Bichloride of Mercury.—The bichloride of mercury is soluble in the solution, and the compound, in the proportion of the one-twentieth of a grain to one drachm of the styptic, is a most useful application in indolent syphilitic ulcers. I think this application would also be useful in lupus.

Morphia.—Morphia goes up well in the solution, and in irritable painful ulcer a compound of morphia and the styptic; in proportion of half a grain of the alkaloid to a drachm of the fluid, is of service. Pain is at once relieved, and healing is promoted. This compound on cotton would be good for a stopping of a hollow tooth to relieve toothache.

All the other narcotic alkaloids in their pure form go up in the solution—atropia, aconitina, and the rest. I have, however, no experience as to the value of such combinations in practice. This experience has yet to be learned.

Cantharidine.—This substance, on the addition of a little chloroform, can be taken up in the solution. The compound pro-

duces what may almost be called a dry blister, the fluid secreted being taken up as it is exuded by the styptic. There are cases in which this blistering fluid would be a considerable advantage; indeed, it would probably be an advantage in all cases in which a blister is required. Two to four grains may be used to the ounce.

Chloride of Zinc.—Chloride of zinc, which, in solution, has recently been used for the dressing even of recent wounds, makes a good compound with the styptic. Half a drachm of the salt dissolves readily in an ounce of the solution.

From these purely descriptive facts I pass to the subject of healing by the first intention.—*Med. Times and Gaz.*, April 13, 1867.

(*To be continued.*)

CLINICS.

CLINICAL LECTURES.

Treatment of Whooping Cough in the London Hospitals.—Every old woman has a certain cure for whooping-cough. There is probably no ailment which has offered a finer field of enterprise to the empiric. Like epilepsy, it would seem to be often singularly influenced *at first* by any new remedy; and this of course is quite sufficient to make the reputation of a quack specific. Some years ago there used to be—we do not know whether it still exists—a pastrycook's shop in the neighbourhood of St. Paul's at which a whooping-cough specific was given away to applicants in their own bottles. The repute of this mixture was quite astonishing, and, what is remarkable, it did not seem to be much lessened by the fact that every now and then a child would die, with symptoms very like those of narcotic poisoning, after being dosed with the remedy. It will be seen that the experience of our hospital physicians is for the most part against curative effects of any remedy in this complaint, although due credit is accorded to the relief which may be given by the use of certain drugs.

St. Thomas's Hospital.—In the department for children's diseases at this hospital cases of whooping-cough have been unusually numerous during the past eighteen months. For the most part the cases presenting themselves have been of from one to three weeks' standing, although not a few cases which have lasted for as many months apply from time to time for treatment. As a rule, the more recent cases are complicated with a varying amount of bronchial catarrh—the catarrh, that is, of the first stage, lingering on and not unfrequently increasing after the pertussis has become fully developed; and the treatment pursued by Dr. Gervis in these cases has, therefore, generally a necessary reference to this condition. The usual prescription, for instance, for a child of four years would be more or less as follows:—P. L. Solution of acetate of ammonia, half an ounce; spirit of nitric ether, one drachm; chloric ether, half a drachm; oxymel of squills, one drachm and a half; syrup of tolu, two drachms; water to two ounces: two teaspoonfuls every six hours. In addition to this medicine, of which the chloric ether is the permanent element, and the other constituents the variable, Dr. Gervis lays much stress upon the use of the chloroform liniment, directing that it is to be rubbed into the chest both anteriorly and posteriorly night and morning. Under this treatment, and with the usual directions as to diet and regimen, there is almost invariably considerable improvement within a week, and very frequently within ten days or a fortnight the "whoop" has quite passed off, although some amount of cough may linger for a little while, and require appropriate treatment. In more chronic cases, and where there is little or no bronchial disturbance, alum is substituted for the saline in combination with chloric ether; and, as in the other class of cases, the chloroform liniment is employed externally. If in cases where the catarrhal symptoms have subsided, but where the whoop remains, there should be much debility, the combination of quinine with the alum and chloric ether is very advantageous. If symptoms of cerebral irritation, with or without convulsions, should occur, Dr. Gervis has repeatedly obtained the greatest advantage from small doses of morphia; and this both in cases where no remedial measures for this complication have been previously tried, and in others where antiphlogistic treatment—leeches, calomel, blisters—has been assiduously but unavailingly adopted. In many such cases this medicine has acted as a charm, quieting both the pulmonary and cerebral disturbance.

St. George's Hospital.—Dr. Dickinson

thinks that there is probably no complaint for which more numerous and more diverse methods of cure have been propounded than for whooping-cough. It has been remarked that where a great number of remedies have been urged as specific in any disease, that disease is probably in its nature irremediable. This remark, he believes, holds good with whooping-cough. We neither know its seat nor its antidote. It runs its appointed course regardless of the Pharmacopœia. A more or less persevering trial of most of the remedies which have been urged as able to cut short the disease has resulted in failure. Expectorants, remedies reputed as antiphlogistic, drugs which have no repute except as cures for whooping-cough, irritating applications, including Roche's embrocation, alum, nitric acid, bromide of ammonium—these and others have been tried by Dr. Dickinson, and found wanting. As regards the disease in question, such remedies may be divided into two classes—those which do harm, and those which do do good. Antimonials and all such remedies of the depressing class, appear to be injurious by lowering the patient without touching the disease; while the most that can be said for nitric acid and bromide of ammonium is that where they are given in small doses they do no obvious mischief. Whooping-cough appears to be as essentially incurable as typhus or any of the specific fevers. At the same time, good may be done by meeting urgent symptoms as they arise, and by directing treatment to the various complications which are apt to endanger the patient.

When the spasmodic cough is violent and threatening, as is apt to be the case in the later stages of the disease, medicines which act as sedatives may be given with advantage. Opium is sometimes useful under these circumstances, sometimes belladonna; hydrocyanic acid is better than either. The dilute acid of the Pharmacopœia, in minim or half-minim doses, according to the age of the child, is more effectual than anything else in diminishing the laryngeal spasm, which is often a source of danger.

Bronchitis and pneumonia, which frequently occur as complications, may be treated in the manner which is proper when these disorders arise under other circumstances, bearing in mind, as an extenuating circumstance, that the patient has, in the whooping-cough, to struggle against an exhausting disease.

With whooping cough, therefore, we may limit our endeavours to meeting complications, and modifying unfavorable symptoms. Probably in most cases all that is necessary is to guard the patient from the chance of catching cold. The only specific is time.

King's College Hospital.—In the out-patient department of this hospital in the early stages of whooping-cough the simplest expectorants only are employed by Dr. W. S. Playfair. When the discase is more fully developed the bromides, either of potassium or ammonium (for there appears to be no marked difference in the action of the two salts), have been on the whole more frequently used than any other drugs. They have been generally given in doses of a grain for each year of the child's age, increasing the amount gradually if they seem to be of service. In a large number of cases the use of this medicine has been attended by marked benefit; often it has failed to be of service, even in cases apparently the best suited for its employment. The class of cases it which it most frequently proves beneficial are those in which the paroxysms are very frequent and severe, indicating much implication of the nervous system. In such it often quiets the convulsive cough in a most remarkable manner.

The next most useful remedy has been found to be belladonna, which is generally tried when the bromides have failed. In the more advanced stages of the disease, and in very feeble children, it has been found of much use given in combination with cod-liver oil and syrup of iodide of iron. In the weak and cachectic children that attend the out-patient department of a large hospital the use of some such tonic may be considered absolutely essential, and the above combination has been found to be very valuable.

Minute doses of hydrocyanic acid, generally combined with some preparation of bark, are sometimes serviceable. It seems to act best in the same class of cases as the bromides, but appears to be less generally efficacious. Its frequent failure may, perhaps, be in part ascribed to the care required in prescribing so powerful a remedy in out-door practice, where mistakes are necessarily frequent, and where the effects of particular drugs cannot be carefully watched.

Nitric acid has been frequently tried, but has not been found to be of much use.

The inhalation of chloroform, often so serviceable in private cases, has not been tried, since it is a remedy that cannot be used without such supervision as it is impossible to obtain in hospital out-door practice.

The frequency of secondary chest complications has been remarked—the inevitable consequence of bringing the children to the hospital in all kinds of weather. It has been found that any depressing treatment is worse than useless when such complications arise, and that they are best treated by enveloping the chest in large linseed-meal poultices, or in damped cotton wadding and oiled silk, along with mild counter-irritating embrocations. Small doses of sesquicarbonate of ammonia and chloric ether have generally been given internally, with nourishing diet, and stimulants when necessary.

Westminster Hospital.—It is now some thirteen years since Dr. Gibb submitted to the notice of the profession his mode of treatment of whooping-cough by nitric acid, in a monograph on that disease. A large experience of its use since then, both in public and private practice, has convinced him of its great value, and that he had not exaggerated its good effects. Its internal use he has found not only serviceable in curing the pertussal malady, but at the same time prophylactic against intercurrent throat complications. His formula consists of an ounce of the dilute nitric acid, four drachms of compound tincture of cardamoms, and enough simple syrup to make a six-ounce mixture. For an infant the dose is a teaspoonful every three or four hours, and for children from two to five years of age two or three drachms at the same periods. Occasionally he has found it convenient to add an ounce of glycerine, diminishing the mixture by an equal quantity of the syrup. This form of giving the acid in syrup is liked by the child and is well borne, and the good effects are very speedily visible in diminishing the severity and frequency of the spasms. According to the frequency of the paroxysms, together with their violence, severity, and duration, so is there soreness or uneasiness at the upper part of the larynx; this Dr. Gibb obviates by the topical use of a solution of nitrate of silver to the larynx (twenty grains to the ounce) by means of a curved brush.

The advantage of the nitric-acid treatment is that it can be given in the three stages of the disease. When the nervous element, however, is very strong, and there are manifestations of cerebral irritation, Dr. Gibb has substituted the bromide of ammonium for the nitric acid, in doses of from four to fifteen grains according to age, combined with ipecacuanha wine, and occasionally small doses of sulphate of zinc. Provided there are no dangerous or severe complications requiring special measures, it has been found that each of these two modes of treatment proves successful in curing the great majority of cases; and we are told it is somewhat unusual, unless when easterly winds are prevailing, for children at Westminster Hospital to remain longer under treatment than from two to five weeks. In very young children and infants, a few doses sometimes of the nitric-acid mixture are sufficient to effect a cure; and if the little patients are carefully looked after, warmly clad, and properly fed, there is no recurrence of the disease.

When properly managed, Dr. Gibb considers pertussis to be a disease in every way amenable to treatment. The great effort of the physician should be to ward off complications, and quickly deal with them when they arise. In many hundreds of examinations Dr. Gibb has found the fact hold good, which he was the first to announce many years ago, that the urine in pertussis is almost invariably saccharine.

Foundling Hospital.—During the latter half of the year 1865, Dr. Julius Pollock tells us, an outbreak of whooping-cough occurred at this hospital. It commenced in July and terminated in September. There were in all 26 cases, the ages of the children being from three to six years. There were no deaths. The longest case was 103 days; the shortest 21 days; average, 50 days.

In the treatment the following were tried:—Conium, bromide of potassium, dilute hydrocyanic acid, alum, antimony, ipecacuanha, compound tincture of camphor, oil of amber, and Pearson's mixture. Inhalation of the vapour of chloroform; painting with iodide liniment (B. P.) along the track of the cervical glands. Emetics were generally given at the commencement (ipecacuanha powder, ten to twenty grains), and occasionally in the course of the disorder if the chest seemed choked with phlegm.

The bromide of potassium was found to have no effect, nor did conium appear to

have any advantage over opium. The iodide liniment to the neck did nothing. The vapour of chloroform seemed to check the spasm, but, owing to the difficulty of administering it, was not much tried. No remedy appeared to shorten in any way the disease, but the most useful treatment was found to be the following:—To keep the room warm (50° to 60°); to give emetics at the beginning, and, when necessary, occasionally during the disease; to keep the bowels freely open; and to give the following mixture three times daily:—Dilute hydrocyanic acid, one to two minims; ipecacuanha wine, five to ten minims; compound tincture of camphor, ten to twenty minims; water, half an ounce.—*Lancet*, April 27, 1867.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Convention of Medical Schools.—At the meeting of the American Medical Association, held last year in the city of Baltimore, the following resolution was unanimously adopted:—

Resolved, That the Association most earnestly request the medical colleges of the country to hold a convention for revising the whole system of medical college instruction, for the purpose of establishing more uniformity of time and a more systematic course of instruction for the whole.

A committee was then appointed to carry out this resolution, consisting of Drs. S. N. Davis, Worthington Hooker, George C. Shattuck, M. B. Wright, and Samuel D. Gross.

In due time this committee addressed a circular to the medical colleges inviting them to send delegates to a convention to be held at Cincinnati, on Friday, May 3d, 1867.

On that day the following delegates assembled in the Medical College of Ohio:—

Professors A. Hammer, of Humboldt Medical College, St. Louis; W. N. Byford, Chicago Medical College; Alfred Stillé, University of Pennsylvania; Samuel D. Gross, Jefferson Medical College; A. B. Palmer, University of Michigan, and Berkshire (Mass.) Medical College; Alden March, Albany Medical College; A. J. Steele, and N. S. Davis, Chicago Medical College; Francis Carter, Starling (Ohio) Medical College; James M. Holloway, University of Louisville; N. R. Taylor and J. C. Hughes, Iowa University; G. C. E. Weber, Charity Hospital Medical College, Cleveland, O.; F. Donaldson, University of Maryland; J. N. McDowell, Missouri Medical College; C. G. Comegys and George C. Blackman, Medical College of Ohio; E. B. Stevens and George Mendenhall, Miami Medical College; B. Lawson and R. C. S. Reed, Cincinnati College of Medicine; F. Howard, Georgetown College, Washington, D. C.; T. M. Logan, Toland Medical College, San Francisco, Cal.

Professor Alfred Stillé was elected President, and Professor G. C. E. Weber Secretary of the Convention.

On motion, the Chair appointed a committee to prepare business for the Convention, consisting of Professors N. S. Davis, F. Donaldson, G. C. Blackman, and A. March.

After a recess, this Committee reported to the Convention a series of resolutions which gave rise to a prolonged debate, in which the defects of the existing system of medical education were thoroughly exposed and discussed. The debate was conducted in a very spirited manner, and with an ardent disposition upon the part of every one to correct the errors and shortcomings which were, on all hands, acknowledged to exist.

Each of the propositions of the Committee was separately considered, and variously amended in its details, but always with the intention of widening its scope, while rendering its application more stringent. Finally, the whole were unanimously adopted, and ordered to be presented to the American Medical Association.

The following are the resolutions:—

"*Resolved* 1st. That every student applying for matriculation in a medical college shall be required to show, either by satisfactory certificate or by a direct examination by a committee of the Faculty, that he possesses a thorough knowledge of the common English branches of education, including the first series of mathematics, the elements of the natural sciences, and a sufficient knowledge of Latin and Greek to understand the technical terms of the profession; and that the certificate presented of the result of the examinations thus re-

quired, be regularly filed as a part of the records of each medical college.

"*Resolved* 2d. That every medical student be required to study four full years, including three regular annual courses of medical college instruction, before being admitted to an examination for the degree of doctor of medicine.

"*Resolved* 3d. That the minimum duration of a regular annual lecture term, or course of medical college instruction, shall be six calendar months.

"*Resolved* 4th. That every medical college shall embrace in its curriculum the following branches, to be taught by not less than nine Professors, namely: Descriptive Anatomy, including Dissections; Physiology and Histology; Inorganic Chemistry, Materia Medica, Organic Chemistry and Toxicology; General Pathology, Therapeutics, Pathological Anatomy and Public Hygiene; Surgical Anatomy and the Operations of Surgery; Medical Jurisprudence and Medical Ethics; Practice of Medicine, Practice of Surgery, Obstetrics, and Diseases of Women and Children; Clinical Medicine and Clinical Surgery; and that these several branches shall be divided into three groups or series, corresponding with the three courses of medical college instruction required.

"The first, or FRESHMAN SERIES, shall embrace Descriptive Anatomy and Practical Dissections; Physiology and Histology; Inorganic Chemistry, Materia Medica, and Therapeutics. To these the attention of the student shall be mainly restricted during his first course of medical college instruction, and in these he shall submit to a thorough examination, by the proper members of the Faculty, at its close, and receive a certificate indicating the degree of his progress.

"The second, or JUNIOR SERIES, shall embrace Organic Chemistry and Toxicology; General Pathology, Morbid Anatomy, and Public Hygiene; Surgical Anatomy and the Operations of Surgery; Medical Jurisprudence and Medical Ethics. To these the attention of the medical student shall be directed during his second course of medical college instruction, and in them he shall be examined at the close of his second course, in the same manner as after the first.

"The third, or SENIOR SERIES, shall embrace Practical Medicine; Practical Surgery, Obstetrics, and Diseases peculiar to Women and Children, with Clinical Medicine and Clinical Surgery in a Hospital. These shall occupy the attention of the student during his third course of college instruction, and at its close he shall be eligible to a general examination for the Degree of Doctor of Medicine.

"The instruction in the three series is to be given simultaneously, and to continue throughout the whole of each annual college term; each student attending the lectures on such branches as belong to his period of progress in study, in the same manner as the Sophomore, Junior, and Senior classes, each pursue their respective studies simultaneously throughout the collegiate year, in all our literary colleges.

"*Resolved* 5th. That every medical college should immediately adopt some effectual method of ascertaining the actual attendance of students upon its lectures and other exercises, and at the close of each session of the attendance of the student a certificate, specifying the time and the courses of instruction actually attended, should be given, and such certificate only should be received by other colleges as evidence of such attendance.

"*Resolved* 6th. That a committee of five be appointed by the president, whose duty it shall be to present the several propositions adopted by the convention, to the trustees and faculties of all the medical colleges in this country, and solicit their definite action thereon, with a view to the early and simultaneous practical adoption of the same throughout the whole country. And that the same committee be authorized to call another convention whenever deemed advisable."

The action of the Convention was emphatically approved by the Association, and adopted as its own by a unanimous vote.

It now remains for the medical colleges to determine whether, or not, they will carry out the important reforms in medical teaching which are called for by the Association. Let us hope that they will agree to put them into practice with the least possible delay, and thus to satisfy the claims of science, and the reasonable demands of the medical profession in the United States.

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Association of Medical Superintendents of American Institutions of the Insane.—This extremely useful Association held its

21st Annual Meeting, at the Continental Hotel, in Philadelphia, on the 21st, 22d, and 23d of May. Dr. Thomas S. Kirkbride *President*, Dr. John Kirwin, Secretary. The attendance was very large, and much useful business was transacted. Valuable papers were read by Dr. H. M. Harlin, of the Maine Asylum, Dr. McClintoch, of the Illinois State Hospital, Dr. Letchfield, of Kingston, C. W., Dr. Williams, of New York, Dr. J. B. Chapin, of Canandaigua, N. Y., and Dr. B. Workman, of Toronto.

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The Citizens' Association of Pennsylvania—Sonitarium for Inebriates.—The Citizens' Association of Pennsylvania, incorporated in 1866 by the Legislature of Pennsylvania empowering them to "purchase lands and erect buildings for the cure of the intemperate," announce that they have secured the beautiful property known as Melrose Glen, at Media, Delaware County, and are now ready to receive applications for a limited number of private patients.

The natural beauty and healthfulness of the locality, together with the complete apartments and conveniences of the building, offer unusual attractions to those who may wish to avail themselves of the advantages of such an institution. In addition to vapour and medicated baths, and other remedial appliances, no effort will be spared to secure to the inmates of the family the best moral and social advantages.

Persons may be admitted on their own application, by agreeing to the terms of payment, &c.

Such inebriates as may need the interposition of the law, may be reached in the following manner :—

Any relative, by blood or marriage, or any one interested in the estate of such person, may make written application to the Judge of the Court of Common Pleas of the county where said person resides, for a committee to be appointed to take charge of his or her person or estate. The application must be accompanied by affidavits of the truth of the facts, and upon the receipt thereof, the Judge will institute inquiries into the case, and if satisfied with the proceedings, &c., will appoint a "committee," according to the provisions of the law. When such committee is appointed, the proceedings must be in accordance with the second section of "An Act to increase the duties of the Citizens' Association of Pennsylvania," approved March 4, A. D. 1867.

"The committee of any habitual drunkard, duly found to be such, by inquisition, according to the Act of Assembly relating to lunatics and habitual drunkards, approved June 13, A. D. 1836, may make application in writing to the President of the Citizens' Association of Pennsylvania, for the admission of said habitual drunkard to the custody of said Association; and upon the receipt of such application by the President aforesaid, he shall make inquiry into the history and nature of the case, and if he be of opinion that the person in whose behalf the application is made, is a proper subject for admission, his certificate of approval, together with the application, may be submitted to the court of the county where the committee of said habitual drunkard may reside, either in open court, or to the President Judge at chambers; and if, in the judgment of the court, the said habitual drunkard shall be deemed a proper subject for treatment, with a view to his reformation, the said court is hereby empowered to commit him to the custody of the Citizens' Association of Pennsylvania, for a term of not less than nine months, or more than two years. *Provided*, that the relations, by blood or marriage, of said habitual drunkard, shall have access to him at all times, subject to the rules and regulations of said Association: and, *Provided further*, that said habitual drunkard may be released by the court making the commitment, before the expiration of said term, if, after a full hearing, the said court shall deem his release advisable: and, *Provided further*, that nothing in this Act shall be so construed as to prevent the Citizens' Association from receiving into their custody, any person upon his own application, without due process of law."

The treatment of patients will be such as to foster their self-respect, by a recognition of their manhood, and their claim to consideration and regard as diseased persons; and the best remedial measures known to science will be employed for their restoration to health.

Cases of delirium tremens may be admitted upon application of friends of patients. Payments to be made monthly or quarterly in advance.

For further information address Joseph Parrish, M. D., at Media, or at the City Office, No. 800 Arch Street, Philadelphia.

The Directors of this Institution are gentlemen of the highest character.

We most respectfully urge philanthropists throughout the State to give their liberal support to this most useful and greatly needed institution; and invite the attention to it of those who are so unfortunate as to have in their families individuals needing its fostering care.

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State Medical Society of Kentucky.—At a meeting of certain of the members of this society, held in Louisville, April 2d last, in accordance with an invitation from the College of Physicians and Surgeons, it was determined to revive their organization, and the following were elected officers for the ensuing year:—

President, Dr. D. N. Porter; Vice-Presidents, Drs. John F. Lewis and C. L. Jones; Recording Secretary, Dr. Preston B. Scott; Corresponding Secretary, Dr. W. Talbot Owen; Treasurer, Dr. W. H. Newman; Librarian, Dr. J. F. McElroy; Committee of Publication, Drs. D. W. Yandell, S. P. Breckinridge, and George Beeler.

Delegates were appointed to the American Medical Association, and to the International Congress at Paris; a number of committees were appointed to report at the next annual meeting; and, after transacting a considerable amount of other business, the meeting adjourned, to meet in Danville on the first Tuesday in April, 1868.

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Geneva Medical College.—At the commencement, held on the 23d of January last, the degree of M. D. was conferred on 18 candidates.

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Obituary Record.—Died at Lowell, Mass., April 6, 1867, of congestion of the lungs, Dr. J. M. Allen, aged 52 years. Dr. Allen was for several years Professor of Anatomy in the Pennsylvania Medical College, and was an extremely successful and popular teacher. He was the author of a very useful work, termed the "Practical Anatomist."

——, In Canterbury, Connecticut, on the 8th of March, 1867, of paralysis, Elijah Baldwin, M. D., aged 84 years 1 month 16 days. For more than sixty years he enjoyed the unfeigned respect and confidence of his associates and contemporaries in the medical art. As a consulting physician he was known and esteemed over a large circle outside of his own extensive practice. He was an intelligent and discriminating practitioner.

FOREIGN INTELLIGENCE.

Injection of Tumours with Pepsine.—Prof. Thiersch, of Erlangen, has been for some time engaged in trying the effects of the injection of medicinal agents into the substance of tumours. He first employed a solution of nitrate of silver, and then a very dilute solution of hydrochloric acid; and latterly he has been trying, together with Professor Nussbaum, of Munich, the effects of pepsine on hard fleshy tumours. As the amount of success he has met with is likely to engage many to pursue the practice, Professor Buchner, in one of the recent numbers of his *Repertorium*, gives directions for preparing the pepsine to be so employed, as he says the dry pepsine met with in the shops is, for the most part, a worthless preparation for the object now in view. But a very active fluid, in which pepsine exists in its natural mixture, may be prepared in the following manner: An entirely fresh, and, if possible, warm pig's stomach is to be rinsed out with water, without too forcibly removing the adherent mucus. The glands secreting the rennet are placed at the fundus of the organ, this portion being easily recognized by its darker colour and greater thickness. Stripping off the mucous membrane from the muscular layer, the fundus is laid upon a table or board with the submucous surface downwards, and, being fixed at one end by the left hand covered with a piece of linen, it is scraped with long sweeps and firm pressure by means of a blunt knife. The entire glandular substance must not be scraped away, because too much connective tissue gets mixed with it; but the fundus of the stomach of an adult pig will yield about an ounce of scrapings. These are rubbed with 5 oz. of distilled water during five minutes, and then digested for a quarter of an hour at a temperature of 30° R. A drop or two of muriatic acid is added, and the mixture, strained first through coarse, and then through fine linen, after being allowed to stand awhile to precipitate the cells and

nuclei, becomes a nearly clear fluid fit for use. Whenever it exhibits any pellicle or the slightest putrid smell, it is no longer fit for use. The scrapings from the glands may also be dried, without loss of efficacy, by spreading them on a glass plate, and exposing them to a temperature not exceeding 40° R. Four parts of fresh scraping will yield one of dried, more or less; and an efficacious mixture may be made by adding 2 drachms of the dried scraping to 5 oz. of water, with two drops of muriatic acid, rubbing it well together, digesting it at a temperature 30° R., and straining. Prof. Nussbaum states that such a mixture acts as efficaciously as the pepsine fluid obtained from the fresh stomach; and the dried mass may be kept a long time in a closed bottle without undergoing decomposition.—*Med. Times and Gaz.*, March 23, 1867.

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Respiratory Therapeutics.—At a recent meeting of the Imperial Academy of Medicine, M. Béclard read a report on the memoir on "Respiratory Therapeutics" submitted to that body by M. Sales-Girons. As our readers are aware, this physician claims for his mode of introducing pulverized fluids into the air-passages not only the power of acting locally upon the air-passages in pulmonary affections, but also as being a means of introducing medicinal substances into the economy of superior efficacy to the ordinary mode of gastric ingestion. M. Béclard at once admits that the physiological possibility of such introduction has been completely made out by M. Demarquay's and the author's observations. Indeed, the absorbent power of the pulmonary mucous membrane is remarkable for its rapidity. Twenty-five litres of water may be thrown into the bronchi of a horse in six hours, and become immediately absorbed, without occasioning any sensible inconvenience to the animal. In less than half a minute, all the mass of the blood passes, so to express it, globule by globule, through the substance of this tissue of such an admirable tenuity, so that the absorbable matter is brought into rapid contact with all the elements of the fluid. Of the superiority in rapidity of absorption of the pulmonary to the gastro-intestinal surface there can be then no doubt, and such absorption is compatible with the physiological action of respiration. At present the reporter regards the physiological aspect of the question as all that has been proved, M. Sales-Girons' observations upon the applicability of medicinal agents and their dosage being at present too few, and standing in need of confirmation. M. Durand-Fardel, while admitting that pulverized fluids are of considerable utility in diseases of the throat and larynx, doubts whether they possess an equal efficacy in affections of the bronchi, while in the most of the maladies in which they are useful they do not possess any superiority over gaseous or vaporized inhalations. M. Guérin, commenting upon the discussion, observes that the fact should not be lost sight of that during the inhalation of pulverized fluids considerable oppression is sometimes felt—in fact the air loaded with pulverized fluids, being possessed of less tension than the surrounding atmosphere, may induce an afflux of blood to the surface of the bronchi, giving rise to hæmoptysis or other accidents in the predisposed.—*Med. Times and Gaz.*, March 16, 1867.

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Prevention of Purulent Absorption by Ergotine.—It appears from the observations of M. Labat, a physician of Bordeaux, that the administration of ergotine after amputations is attended with the most beneficial results. The ergotine is given after the operation, and each day up to the day when the ligatures come away, the medium dose being from five to six grammes. M. Labat's memoir on the subject, which was presented to the Société de Chirurgie, records fourteen cases treated in this way.—*Ibid.*

—

Amblyopia produced by Tobacco-smoking.—M. Viardin has reported three cases of amblyopia caused by smoking. In the treatment of these cases the quantity of tobacco smoked was reduced under the direction of M. Viardin, and the sight was restored in the course of a few weeks.—*Ibid.*

—

Amaurosis from Embolism of Ophthalmic Artery.—The use of the ophthalmoscope in the detection of embolism of the ophthalmic artery has been once more demonstrated—if indeed demonstration were required—by Signor Quaglino, of Pavia. The following is the case he records: A lady suddenly lost the sight of her right

eye. Examination with the ophthalmoscope showed a slight linear opacity of the cortical periphery of the lens. The vitreous body was transparent. The region of the yellow spot was covered with a bluish-gray substance of an almost elliptical form, with a reddish spot in the centre. The small arteries of the retina showed that their column of blood was less than usual, and after some days they appeared to be reduced to one-half their usual calibre. Eventually the arteries became completely obliterated, causing destruction of the papilla and the retina.—*Ibid.*

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Telluric Theory of the Origin of Cholera.—Dr. Samuel Haughton remarks: "The magnetic storms and electric currents of the earth are now so well known, and their relations so clearly established, that no person of education, save, perhaps, an army surgeon in a blue book, at the present day ventures to hazard the statement that cholera or any other epidemic disease is favoured in its onward progress, much less that it is actually produced, by such telluric agencies as electricity or magnetism. The telluric theory has been, therefore, forced to reappear in a new dress, and has been reproduced in the assertion that bad drainage, bad food, bad water, bad air, bad everything—including, I presume, the Evil One himself—may, under favourable conditions, produce Asiatic cholera, on land or on shipboard."—*Med. Times and Gaz.*, March 30, 1867.

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Spontaneous Cerebral Softening.—This morbid condition has been very carefully studied by M. H. Soulier, who has recently published an essay on the subject. He considers that spontaneous ramollissement of the brain is not inflammatory, and advances the following reasons: 1. Because the coloration of the red ramollisement is simply the result of a vascular dilatation, or of an infiltration of the colouring matter of the blood. 2. The coloration of the yellow ramollissement is not the result of a purulent infiltration, but is the consequence of the mixture of fatty matters with the colouring matter of blood. 3. Because the structures taken for pus-cells are really fatty or nervous pigment elements. 4. Because the meningeal adhesions are not the consequence of an inflammatory exudation. 5. Because the animal heat is never raised above the normal temperature in persons attacked with ramollissement.—*Ibid.*

—

Chorea treated by Richardson's Apparatus.—An interesting case in which chorea was successfully treated by freezing the skin over the spinal cord has lately been recorded in the *Gazette Hebdomadaire*, and tends to some extent to support the ice theory of Dr. Chapman. A little girl, of about seven years old, was attacked with chorea, and presented herself to Dr. Lubelski, who, having tried in vain the usual tonic and antispasmodic remedies, determined to produce "anæsthesia of the spinal cord" by means of ether spray. The instrument used was the variety of Richardson's apparatus employed by dentists, and which has a double nozzle. It was applied to both sides of the spinal cord, and the ether spray was forced upon the surface for about three or four minutes, the operation being twice repeated. The result was that all the abnormal movements ceased, and the natural powers of motion were restored.—*Lancet*, March 16, 1867.

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International Ophthalmological Congress.—This body will meet in Paris, instead of Vienna, this year, on the 11th of August at the house of M. Sichel, 50 Chaussée St. Autin at 8 P. M. The secretaries of the Congress are M. Giranda Teulon and M. Wecker.

—

London Hospital.—Three special departments for the treatment of diseases of the eye, ear, and skin, have been established at this hospital. Dr. Hughlings Jackson has been appointed physician to the eye department, and Mr. Hutchinson and Couper surgeon; Dr. H. Jackson and Mr. Revington physicians to the ear department; and Dr. Sutton and Mr. Hutchinson to the skin department.

—

Cholera in Paris.—It is stated (*Lancet*, May 4, 1867) that cholera has again made its appearance in Paris. Seven or eight cases were admitted in the course of the previous week into a Maison de Santé in the northern district of the city, and one death took place.

NOTICE TO SUBSCRIBERS.

In this number of the "News" Professor Erichsen's valuable little treatise on Injuries of the Nervous System is completed. Next month will be commenced in the Library Department a new work of much interest to all practitioners—

HUDSON ON FEVERS.

LECTURES ON THE STUDY OF FEVER.

By ALFRED HUDSON, M. D., M. R. I. A.,
Physician to the Meath Hospital, &c.

The object of this work, in the words of the author, "is to furnish the student with a guide to his bedside analysis of each case, by treating of febrile phenomena in succession; first, generally or abstractedly, and secondly, in their relation to each form of the disease." The method adopted to carry out this intention may be seen in the subjoined condensed

SUMMARY OF CONTENTS:

Lecture I. Fever considered as one of the group of Morbid Poisons. II. Predisposing Causes. III. Exciting Causes. IV. Pathology and Symptomatology. V. Examination of the Pulmonary and Circulating Systems. VI. Peculiar form of Pneumonia. VII. Condition of the Digestive Organs in Fever. VIII. Changes in the different Secretions. IX. Difficulty of Diagnosis of Cerebro-spinal Lesions in Fever. X. Cerebro-spinal Lesions, continued. XI. Epileptiform Convulsions after Crisis. XII. Diagnosis of Fever as an Essential Disease. XIII. Rational Prognosis. XIV. Principles which should regulate the general management in a case of Fever. XV. Treatment of Urinary Complications—Of Cerebro-spinal Lesions—Management of the period of Crisis—Danger of Abuse of Stimulants—Treatment of complications—Management of early Convalescence—Recapitulation, Appendix, Cases, &c.

The want of a complete work of this kind has long been felt, and the reputation which this volume has already obtained is a guarantee that it will fully sustain the character which the "News" has gained from the long series of valuable practical treatises that have been laid before its subscribers.

RANKING'S ABSTRACT.

The very favorable reception accorded to the "Half-Yearly Abstract of the Medical Sciences" encourages the publisher in the hope that he will be able to render permanent the reissue of that valuable work, on the terms offered to subscribers to the "American Journal of the Medical Sciences." Vol. XLIV., for January, 1867, has received the unanimous approbation of the profession.

American physicians may be congratulated that they are once more favored with the reprint of "Ranking's Abstract." If any doctor is so busy that he can read but a single volume a year, then, assuredly, he should make this his book; for here are collected and condensed the most valuable contributions to periodical medical literature—French, German, British, and American—for the year; and, on the other hand, no physician—it matters not how wide the range of his reading—can fail to find, in this volume, truths that will enlarge his medical knowledge, and precepts that will help him in some of his daily professional needs.—*Cincinnati Journal of Medicine*, April, 1867.

We have only space to say that this volume is rich in valuable articles, among which there are many on materia medica and therapeutics. Gathered from all sources in the new books and medical journals of Europe and America, this work may be viewed as the cream of that class of medical essays, and is a useful occupant of the physician's office-table to keep him reminded of the progress of medicine.—*Am. Journal of Pharmacy*, May, 1867.

Arrangements have been made by which Vol. XLV., for July, will be issued almost simultaneously with its appearance in London, and subscribers can rely upon obtaining it with promptitude and punctuality.

The price of the "Abstract" is $1 50 per volume, or $2 50 per annum, in advance; but it is furnished in conjunction with the "American Journal of the Medical Sciences" and the "Medical News and Library," making in all over 2000 large octavo pages per annum, the whole free of postage, for Six Dollars per annum.

Gentlemen who have paid Five Dollars for the "Journal" for 1867 can still secure the "Abstract" by remitting One Dollar. Those who have paid for a portion of 1867 can obtain the January volume of the "Abstract" for fifty cents. For the future, however, early application will be necessary, as but a limited number of the volume for July will be printed to supply subscribers. Those who desire to avail themselves of the offer will, therefore, do well to make their remittances during the present month, as the publisher cannot guarantee to supply later applications.

Address HENRY C. LEA,
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THE MEDICAL NEWS AND LIBRARY.

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HUDSON ON FEVER. 16 PAGES.

LECTURES.

Lecture on Experimental and Practical Medicine. By BENJAMIN W. RICHARDSON, M. D., Senior Physician to the Royal Infirmary for Diseases of the Chest, &c. (Continued from p. 87.)

On Healing by the First Intention.—The success attendant on the use of the styptic colloid fluid as a healer can only be understood when the simple natural principles of the process of healing by the first intention are fully comprehended. It will not, therefore, be lost time if I devote a minute or two to this subject.

Let us, then, first fix in our minds the all-important demonstration, that healing by the first intention in the case of even a large amputation with sawn bone in the wound is an accomplishable fact. In the case I have related this is well proved. We are brought, therefore, from what can be done to what ought to be done, and as it is an unvarying law that whatever has been can be again, we may be sure that healing by the first intention may be made a steadfast fact in surgery whenever the exact conditions leading to such healing are known and applied.

To come to the point from the negative side, when a wound does *not* heal by the first intention, it is prevented from the intention by the interposition of a layer of decomposing albuminous matter lying between its divided surfaces. This layer may be very thin and transparent, or it may be thick and dense; it may give an offensive odour, or it may (when it exists as purulent matter) give little odour; it may be transparent and colourless, or it may have various shades of colour, from light gray to almost blackness. If we examine this fluid

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chemically, we find that it consists of modified albuminous matter, with or without fat; if we bring some of it in a state of actual decomposition into contact with other matter albuminoid in construction—such as blood, serum, dissolved fibrin, or even dissolved caseine—it quickly transforms all these into decomposing or decomposed matter like to itself, the conditions for the production of decomposition being supplied.

The fluid, as it was first exposed to the air by the knife, came from the blood. It was, in fact, the free interstitial plasma which before the wound was made was about to give form and substance to the solid structures, to muscle, connective tissue, or membrane. It was not a secretion, but a pre-existent fluid, which the knife disclosed, or rather exposed. If we tap a muscle under firm pressure, we can squeeze out this fluid. Squeezed from the limb of a sheep immediately after death, it is a thin slightly coloured alkaline serum, very easily coagulable. It is almost destitute of salts, and it has a mean specific gravity of 1025. It decomposes with extreme rapidity under circumstances favourable to change, but it can be kept free of decomposition by extreme cold for an unlimited time.

When the living tissues are intact, this fluid plasma is always undergoing transformation from the fluid into the solid condition so as to make tissue; it thus binds and makes the connection between the water of the tissues and the solids. I shall one day demonstrate to you how this change actually occurs; for my present purpose it is sufficient to state that it does occur.

When, then, a surgeon puts his knife through a living structure, he exposes not vessels only, not nerves only, not solids only, not blood only, but this interstitial fluid, as it is proceeding for solidification.

Having exposed this fluid, he leaves a surface of it that has been exposed whenever he closes the wound; and this is the great point to remember, that healing by the first intention, or no such healing, turns precisely on the physical condition in which this fluid is thus left. If the wound be closely and well bound up before the fluid has had time to undergo change, then the fluid passes into solidification, becomes a bond of union of the divided parts, and sets up true healing by the first intention. But if the fluid has time to undergo change, to pass into one of the stages of its decomposition, then it does not solidify, and there is no true healing of a direct kind. Fresh fluid coming down presses before it the original fluid, and the process, as it is vulgarly called, of "healing from the bottom," is the natural sequence if the case goes well. It is astonishing how quickly, in some cases, the interstitial combining fluid undergoes change on exposure to the air. There is a physiological experiment which proves this very perfectly. You are aware Liebig once advanced the view that in the natural state the blood is alkaline, but that the muscular juice is acid. This view was maintained for years. In 1854, when I was working daily in the slaughter-house, studying the coagulation of blood, I was led to test the reaction of the muscles both of oxen and of sheep while the muscles were still irritable, and to my tests the reaction was always like that of the blood, alkaline. Such, however, was my respect for Liebig, and such the force of what may be called the habit of belief, I actually distrusted my own work, and thought, after all, Liebig must be correct, and I somewhere in error. At length, and while I was still hesitating on the matter, Du Bois Raymond boldly and truthfully came out with an exposition of the error of Liebig, by showing that during life the interstitial fluid in muscle is alkaline like the blood, but that if muscle be exposed to the air for the shortest period, there is a change to acidity. The facts are so; they admit of direct proof on the living animal, and, if care be taken in its preservation, they can be proved, for a short time, on the dead muscle, say the heart of a dead animal. We will test the point here with the heart of a sheep. This heart has been removed two hours, but kept excluded from air. I cut open a surface, test it instantly, and find a feeble alkaline reaction. I lay open the surface for so short a time as three minutes, and, testing again, I find it acid. In half an hour the reaction everywhere will be strongly acid. If the other tissues of a living animal be divided and tested in the same manner, the same phenomena are observed.

In some cases this change is so active that from three to four minutes is sufficient to create it over the whole of the surface of a large wound. In other cases it is longer

deferred: in a warm perfectly dry air it is deferred, in a very dry cold air it is deferred. It is quickened intensely by a warm moist air; it is quickened by an air charged with organic matter living or dead; and it seems as if there were peculiar conditions of the oxygen of the air, conditions of activity which also quicken it; a result quite natural, because the process is one of oxidation. Just as blood oxidizes in the lung on its exposure to air, so this interstitial fluid oxidizes when it is exposed to the atmospheric oxygen.[1]

Suppose, then, the oxidation is established, what is the sequence? The sequence is disposition to further change. The fluid, modified in character, is no longer a fluid ready to enter into substance with the solid tissue with which it is in contact. It lies as foreign matter, preventing adhesion, and communicating acidity to the new plasma that is poured into it. From this state there may be three results:—

(*a*) The patient, being healthy and well provided with good plasma, and air, and specially water, being excluded from the wound, the new plasma may neutralize and throw off the old, and with some discharge there may be more or less of spaces in which there is healing by the first intention.

(*b*) The conditions being less favourable, the changed plasma, acting as a foreign body, may excite the production of great heat in the part—inflammation so called. In this state the plasma will sometimes be re transformed into a plastic, coagulable fluid, which will form adhesions with partial healing and some production of pus. Or in this state all the fluid may be transformed into purulent fluid—abortive plasma, which will be alkaline but not adhesive, which will protect the parts shielded by it from external oxidation, and will allow the natural plasma to build up new tissue from beneath—healing from the bottom.

(*c*) There is one more major condition. The plasma, from becoming in the first place of acid reaction, may run rapidly into alkaline decomposition, with complete disorganization of all the colloidal parts, the interstitial plasma, the effused blood, the fibroid membrane, the osteoid and tendinous gelatine. When this disintegration occurs the constituents of the plasma are transformed into new and soluble compounds, susceptible of re-absorption into the organism, and even of absorption into other organisms. During this form of degeneration, not during the purulent form as was once supposed, the systemic malady, misnamed pyæmia, finds its origin. These phases, which I have described from their physical side, you will all recognize, with shades of difference, as *bonâ fide* parts of practice and of practical observation.

Returning from these points to the treatment of an open wound, whether that be caused by accident or by operation, we are prepared to understand with precision many practical results to which we are blind so long as we are ignorant of the physics of the process of healing.

In the olden time, the chirurgeon, having no correct knowledge how to close a wound, and seeing bad results from bad closure, set his face against closing altogether, and, filling the wound with tar or pitch placed on tow, made it always heal, as he said, "from the bottom." In an age when there were no scientific principles to guide the surgeon, this practice was not bad; it prolonged the cure, certainly, but it saved the consequences of alkaline decomposition. The dressing, containing a good antiseptic —that is to say, a powerful preventive of oxidation—allowed the new plasma to produce new tissue, and so there was healing. The surgery was rough, but, in the main, effective. It is still a sound practice in cases where a large surface or an abraded surface has been a long time exposed to air before coming under the hand of the surgeon.

In time came Sir Kenelm Digby with his sympathetic powder as the bait and his reversal of the old practice as the success. Rub the instrument that inflicted the wound every day with the powder—that was the bait; tie up the wounded part quickly, tie it up in its own coagulated blood, and do not meddle with it for fourteen days—that was the cure.

Various facts since the time of the

[1] I would repeat here a point I have urged more than once—viz., that the surgeon will never have his science perfect until he carefully studies and understands those meteorological conditions which are favourable to and unfavourable to the process of healing by the first intention. It is one of the best known experiences that cases of an unfavourable character constantly occur in rapid succession, for which circumstance there must be a cause. It would be well if in our large hospitals barometrical, hygrometrical, and thermometrical observations were made on every operating day, and carefully recorded.

sympathetic knight have proven the soundness of his practice apart from his superstition. There have been many practitioners who their lives through have acted on this plan in the extremest cases, and with the most surprising results. Mr. Adams, in one of his works, tells us of a surgeon who treated every case of compound fracture with perfect success by simply bandaging, closely saturating the bandage with compound tincture of benzoin, and leaving the rest.

In the battle-fields of Egypt operations performed under canvas, in perfectly dry, heated air, in which all decomposition of albuminous matter is impossible—in which air, in fact, albumen itself dries into a horny covering—the process of rapid healing was a marvel to those who witnessed it.

But the crowning facts which bear on healing by the first intention are those connected with the practice of subcutaneous cutting. I cannot make out that any true case of pyæmia has ever occurred after neat subcutaneous operation. In fact, in the results of subcutaneous section we see absolutely how, in an open wound, the prevention of cure is caused by some external influence brought to bear upon the wound. Except for this experience and the lessons it brings us, we might dream of constitutional tendencies and such like occult interferences with cure in open wounds; but the subcutaneous experience excludes them all.

The sum total of scientific fact lies, then, in this—that healing by the first intention is only prevented in any case by a change in the interstitial fluid which laves the tissues, and from which they are formed, the cause of this change being exposure to the combined influence of water and oxygen. With this understanding we learn the reason why some operations are more serious than others. The risk of opening serous cavities—for example, the peritoneum—is explained when we remember how large a surface, covered with easily decomposable fluid, is exposed to the danger of decomposition whenever such a serous cavity is presented to the air. The peritoneum should never be opened except under special conditions. Thus:—

1. Let the operating chamber be small, and let few persons be present.

2. Let the temperature of the air be low—never above 55° Fahr.

3. Let the air be dry.

4. Let the air be rendered faintly alkaline by ammonia.

5. Let the operator have his hands protected with oil.

6. Let the operator be content not to put water or wet sponges into the cavity.

7. Let the operator forbid any hands except his own entering the cavity.

8. Let no ligatures hang out of the closed wound to admit either air or water.

9. Let the air in the cavity be carefully expelled as the wound is being closed.

10. Let the closing of the wound be so absolute that no action of the diaphragm or emptying of the viscera shall draw air afterwards into the cavity.

To secure healing by the first intention in ordinary wounds, it is necessary to treat an open recent wound immediately before closing it as follows:—

To remove from it all long ligatures.

To wash off the fluid with which it is covered, and then thoroughly to dry the surface, so that no water may be left to excite decomposition.

To bring every part into close contact, so that no moist air may be left behind, and when the lips of the wound are closed with suture, to seal up resolutely with a fluid which perfectly anneals structure, like the fluid I have here brought under notice.

To leave the wound in dry air; or, if that is not possible, to surround the parts with a simple substance, eager for water, but not caustic in its action. Such a substance I place before you in the form of washed and dried laminaria or sea-weed; a substance clean, light, and excellent as an absorbent of fluid coming from the body, or of water suspended in the surrounding air.

From the time of Sir Kenelm Digby until this hour, surgeons have fluctuated between the two extremes, of healing slowly "from the bottom," and of healing quickly through the mass "by the first intention."

I submit now that the time for this hesitation ought to be considered as over, and that the modern surgeon should neither hesitate, nor pause, nor tire, until he has made healing by the first intention a sure and certain portion of his art, and until he has lifted up that dark pall of surgical fever which the most eloquent of English surgeons tells us still enshrouds the most brilliant surgical exploits. I have aimed in the present lecture to give direction and solidity to this great work.—*Med. Times and Gaz.*, April 20, 1867.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association. — Our Medical Congress assembled this year on the 7th of May, at Cincinnati, the President, Dr. ASKEW, of Delaware, in the chair. The session was continued four days.

Dr. John A. Murphy, on behalf of the Committee of Arrangements, welcomed the Association to the city in a brief and appropriate address.

The President, Dr. Askew, then delivered his inaugural address.

The following reports were received:—

1. On Ligature of Subclavian, by Dr. Willard Parker, of New York.

2. On Comparative Value of Life in City and Country, by Dr. Edward Jarvis, of Massachusetts.

3. On the Use of Plaster of Paris in Surgery, by Dr. James L. Little, of New York.

4. On Medical Education, by Dr. S. D. Gross, of Pennsylvania.

5. On Medical Literature, by Dr. A. C. Post, of New York.

6. On Instruction in Medical Colleges, by Dr. N. S. Davis, of Illinois.

7. On Rank of Medical Men in the Army, by Dr. D. H. Storer, of Massachusetts.

8. On Insanity, by Dr. Isaac Ray, R. I.

9. On American Necrology, by Dr. C. C. Cox, of Maryland.

10. Rank of Medical Men in the Navy, by W. W. Wood, through Dr. N. Pinckney.

On motion of Dr. J. C. Huff, of W. Va., it was

"*Resolved*, That the able, practical, and eloquent report just read by Dr. Pinckney, in behalf of the medical officers of the navy, be referred to the Committee on Publication with instructions that it be published."

On motion of Dr. Pinckney it was

"*Resolved*, That a committee of five members be appointed by the President to present this subject before the President of the United States and the Secretary of the Navy, and urge the adoption of the changes proposed.

On motion of Dr. Post, N. Y., the same committee were instructed to memorialize Congress on the subject of awarding prize money to medical officers.

The following gentlemen were appointed this committee: Drs. N. S. Davis, of Ill., J. M. Toucey, of D. C., S. D. Gross, Pa., J. J. Cockrill, of Maryland, D. F. Askew, of Del.

11. On Alcohol and its Relations to Man, by J. R. W. Dunbar, of Md.

12. On Therapeutics of Inhalation, by J. Solis Cohen, of Pa.

13. Climatology and Epidemics of the several States. The only reports made were from Massachusetts, by Dr. A. C. Garratt, and from Illinois by Dr. R. C. Hamill.

14. The Report of the Treasurer and Committee on Publication, which gave the unwelcome intelligence that the Association was in debt for the printing of the last volume of Transactions.

15. The Committee on Prize Essays, stating that eight essays had been presented, and that they recommended for prizes: 1. On the Cause of Intermittent and Remittent Fevers; 2. On the Treatment of certain of the Abnormities of the Uterus. On opening the envelopes accompanying these essays, it was announced that Dr. J. D. Black, of Newark, O., was the author of the first, and Dr. M. A. Pallen, of St. Louis, Mo., of the second.

Dr. A. Stillé reported the proceedings of the Convention of Delegates from Medical Colleges, of which a full report was given in our previous number, and on motion it was

Resolved, That this Association most cordially approve of the whole action of the Convention of Delegates from Medical Colleges, assembled in Cincinnati, May 3, 1867, and urge its practical adoption by all the Medical Colleges in our country.

The committees "On Compulsory Vaccination," Dr. A. N. Ball, N. Y., chairman; "On Leakage of Gas Pipes," Dr. J. C. Draper, N. Y., chairman; "On the Deleterious Articles used in Dentistry," Dr. A. Mason, Mass., chairman, were continued. The remaining committees which failed to report were discharged.

The following papers were presented: 1. Observations on Diseases of the Heart as seen in Military Service from 1861 to 1865, by Dr. M. K. Taylor, of Keokuk; 2. Novel Case of Lithotomy, by Dr. Edw'd Whinery, of Iowa; 3. On the Causes and Management of Cholera, by Dr. E. Harris, of N. Y.; 4. A Synopsis of an Essay on Contagion, Infection, and Portability of Asiatic Cholera, by Dr. Wm. Marsden, of Canada;

5. On the Causes of Cholera, by Dr. N. S. Davis, of Ill.; 6. On a New Medium for the Preservation of Anatomical and Pathological Specimens, by Dr. Chapham; 7. On the Action of Belladonna in Diseases of the Cornea, by Dr. J. S. Hildreth, of Chicago; 8. Clinical Thermometry in Diphtheria, by Dr. J. G. Richardson, of New York; 9. On Extra Uterine Fœtation, by Dr. Stephen Rogers, N. Y.; 10. On the Treatment of Diseases by Atomized Medicinal Substances, by Dr. J. Fied, of Iowa; 11. On Hip Joint Operations, by Dr. Paul F. Eve, of Tenn.; 12 On Local Anæsthesia, by Dr. E. Krakowizer.

All which were referred to the appropriate sections for consideration, and the publication of nearly all of them subsequently recommended

The following officers were elected for 1868: *President*, Samuel D. Gross, M D., Pa. *Vice-Presidents*, Drs. A. C. Post, of N. Y.; J. H. Atlee, Pa.; D. W. Yandell. of Ky.; H. R. Storer, of Mass. *Permanent Secretary*. Dr. W. B. Atkinson, Pa. *Assistant Secretary*, Dr. J. W. H. Lovejoy, Washington, D. C. *Treasurer*, Dr. Caspar Wister.

After considerable discussion in regard to the selection of the next place for the meeting of the Association, the following resolutions were adopted.

Resolved, That the next annual meeting of the American Medical Association shall be held in the city of Washington on the first Tuesday in May, 1868, and every second year thereafter, until otherwise ordered by the Association.

Resolved, That whenever the Association shall meet in the city of Washington, or elsewhere, as directed in the above resolution, the Committee of Arrangements be strictly forbidden either to provide themselves, or accept provision by others, of any entertainment or excursion whatever, which will conflict with the regular business of the body or its sections.

The following committees were appointed:—

On Prize Essays.—Drs. C. Woodward, W. W. Dawson, E. B. Stevens, Roberts Bartholow, P. S. Connor.

Committee of Arrangements—Drs. Grafton Tyler, Wm. P. Johnston, F. Howard, Wm. Marbury, Lewis Mackall, T. F. Maury, and J. M. Toner, all of D. C.

Committee on Medical Literature.—Drs. Geo. Mendenhall, R. R. McIlvaine, Geo. C. Blackman, E. Williams, P. S. Connor, all of Cincinnati.

Committee on Medical Educotion—Drs. A. B. Palmer, Michigan; W. H. Byford, Illinois; M. L. Linton, Missouri; G. C. E. Weber, Ohio; H. R. Storer, Massachusetts.

Committee on Epidemics and Climatology—Drs. N. F. Thomas, New York; J. W. Hatch, California; Jos. Jones, Tennessee; J. F. Heard, Texas; E. K. Hunt, Connecticut.

Committee on Publication—Drs. F. G. Smith, Caspar Wister, W. B. Atkinson, Wm. Mayburry, Pennsylvania; H. F. Askew, Delaware; H. R. Storer, Massachusetts; W. W. Dawson, Ohio.

Committee on Ophthalmology—Drs. J. S. Hildreth, Illinois; H. D. Noyes, C. R. Agnew, New York.

Committee on Insanity—Drs. C. A. Lee, John B. Chapin, New York; A. B. Palmer, Michigan; W. W. Jones, Ohio; H. R. Storer, Massachusetts.

Miscellaneous Business. — Dr. Alden March presented to the Association photographs of all the presidents of the Association, and intimated his intention to add to the collection in future.

Dr. C. A. Lee, of New York, submitted the following preamble and resolutions, which were adopted without discussion:—

"*Whereas*, It was declared by a vote of Congress, at its last session, that it is not within the constitutional powers of the general government to establish a general and uniform system of quarantine for the different ports of the United States; and

"*Whereas*, The cholera infection has been introduced during the last year into the United States, and has prevailed more or less extensively in many of the cities, towns, and villages of our country since its introduction through the port of New York; and

"*Whereas*, The experience of that city, as well as other places both at home and abroad, has demonstrated the efficacy of thorough sanitary measures, and certain chemical disinfectants, especially *carbolic acid* and *sulphate of iron*, in destroying or preventing the spread of cholera *virus;* it is hereby urgently recommended by this Association that the attention of physicians throughout the United States be chiefly and constantly directed to the employment of

similar means, and the free use of the same disinfectants, wherever the cholera poison may show itself: therefore,

"*Resolved*, That as the experience of Europe and the United States has satisfactorily shown that the cholera poison cannot be effectually controlled or kept in check, except where the *cordons sanitaires* are absolutely prohibitory of all intercourse, as was the case in the entire island of Sicily and the coasts and frontier of Greece during the recent cholera epidemic; and

"*Whereas*, There is no good reason to believe that the people of the United States would willingly submit to the enforcement of such prohibitory measures and non-intercourse as is necessary to hold the cholera poison in check, especially after its introduction into the country, it is hereby recommended to all municipal bodies and boards of health to pay special attention to requisite sanitary measures, such as the cleansing of streets, lanes, and alleys; the supply of pure drinking water to the inhabitants; the ample provision of chemical disinfectants, and their prompt employment in necessary cases; the separation of the sick from the healthy in the same dwelling; the inspection and regulation of tenement-houses; the provision of nurses, hospitals, and competent physicians for the sick poor who may be attacked; provision for early burial of the dead; the separation of corpses from the living; and the prohibition of the custom of *waking the dead*, and all other measures which have been found necessary to control the progress of the disease.

"*Resolved*, That experience proves that the publication of the facts connected with the existence and progress of cholera in any place, instead of disturbing the popular mind, while it reveals the exact extent of the danger, robs it of the halo of alarm and fear with which the imagination surrounds indefinite pestilence walking abroad by noonday."

In compliance with a request made in a communication from Dr H. F. Lister, secretary of the Wayne County (Mich.) Medical Society, that the Association should take some action regarding the introduction of the cinchona-tree into the United States, the President was instructed to appoint a committee to memorialize Congress relative to the cultivation of the cinchona-tree in this country.

On motion of Dr. C. C. Cox, it was

"*Resolved*, That a committee of five be appointed by the chair, to take into consideration such amendments or alterations in the plan of organization of this Association, and to remedy defects, if any, and increase its efficiency, and report at the meeting in 1868."

Drs. C. C. Cox, J. M. Toner, W. B. Atkinson, J. J. Woodward, and John Shrady were appointed this committee.

Dr. Toner offered the following amendment to the Constitution, which was referred to the above committee: "The sum of five dollars shall be assessed annually upon each delegate to the sessions of the Association, as well as upon each of its permanent members, whether attending or not, for the purpose of raising a fund to defray the *necessary* expenses of the Association, and for printing the *Transactions*. The payment of this assessment shall be required of the delegates and members in attendance upon the sessions of the Association previously to their taking seats and participating in the business of the session. Permanent members not attending shall forward their yearly dues to the Treasurer, and thereby shall be entitled to receive a copy of the printed *Transactions*, the same as delegates."

Dr. C. A. Lee, of New York, offered the following resolutions, which were adopted:

"*Resolved*, That when the regular hospitals for the insane of a State are insufficient to accommodate both acute and chronic cases that are sent to them, this Association would strongly recommend the procurement of a suitable amount of land in the vicinity, and the erection of convenient, well-planned, and well-ventilated, but comparatively inexpensive buildings, in connection with and under the same general supervision as the hospitals themselves, where those who are able to labour, and would be benefited by light regulated employment, may be suitably accommodated and properly cared for.

"*Resolved*, That the example of Moss, in establishing asylums for the accommodation and humane treatment of the chronic insane, is worthy of all praise and imitation, and, in the opinion of this Association, such institutions, if rightly inaugurated and judiciously carried on, will be a benefit to the State in an economical point of view, will raise the character of the State hospitals, and will greatly subserve the interests of the insane generally.

"*Resolved*, That as the present insane

hospitals are capable of accommodating but a small proportion of the 40,000 of the insane of the United States, and as almshouse and jail provision is not adapted to their proper care and treatment, this Association would recommend to the proper State authorities to make such further provision in the direction above indicated as may tend to the amelioration of their condition, if not the restoration of their rational and moral faculties."

The following were appointed the committee under the above resolutions: Drs. C. A. Lee, New York; R. Gundry, Ohio; J. Fonerden, Maryland; C. A. Walker, Massachusetts; W. S. Chipley, Kentucky.

The following resolutions were offered by Dr. C. C. Cox, of Maryland, and unanimously adopted:—

"*Resolved*, That in the loss of Surgeon Charles S. Tripler, U. S. A., who died in this city since the last meeting of the Association, the profession throughout the country, the army of the United States, and the Association especially, have experienced a serious loss.

"*Resolved*, That in the high moral integrity, Christian character, professional ability, and conscientious love of his vocation, we recognize in Dr. Tripler one of the truest illustrations of a sound physician and a good man.

"*Resolved*, That the condolence and sympathies of the Association are hereby tendered to the family and relations of the deceased; and the Secretary is directed to communicate to them a copy of these resolutions."

An effort was made to induce the Association to recognize Female Medical Colleges, but it was promptly negatived by a very decided vote.

The resignation of Dr. J. Homberger of membership of the Association was presented and accepted.

A communication from the Chicago Medical Society was presented, announcing the expulsion of Dr. J. D. Brooks and Dr N. Peterson from the aforesaid society, whereupon it was ordered that their names be erased from the roll of the Association. Dr. F. Hinkle's was also stricken from the roll of the Association, on charges presented by a delegate.

Votes of thanks were presented to the President and retiring officers for the ability and impartiality with which they had performed their arduous duties; and also to the Committee of Arrangements, the profession of Cincinnati, and to the citizens for their cordial welcome and generous and refined hospitality extended to the Association.

After which the Association adjourned.

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College of Physicians and Surgeons, New York.—Dr. William A. Hammond has been appointed Lecturer on Mental and Nervous Diseases in this School. Dr. H.'s qualifications for this position are undoubted.

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Albany Medical College.—The following have been lately appointed members of the Medical Faculty: S. Oakley Vanderpoel, M. D., Professor of General Pathology and Clinical Medicine; James E. Pomfret, M. D., Professor of Physiology; John V. Lansing, M. D., Professor of Materia Medica.

Rush Medical College. — Dr. Moses Gunn, late of the Michigan University, has been appointed to the Chair of Surgery in Rush Medical College, Chicago, made vacant by the death of Professor Brainard.

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The Quarterly Journal of Psychological Medicine and Medical Jurisprudence.—We have received the announcement of a new journal under this title to be published by A. Simpson & Co., New York, and to be edited by Wm. A. Hammond, M. D. The first number is promised to appear on the 15th of the present month. The contents will embrace: 1. Original articles on the Physiology and Pathology of the Mind and Nervous System, and on Questions of Medical Jurisprudence; 2. Selections and Translations of Memoirs from Foreign Journals; 3. Reviews and Bibliographical Notices; 4. Chronicle of the Physiology and Pathology of the Mind and Nervous System, and of Medical Jurisprudence. The well-known ability and industry of the editor gives the assurance that this journal will be a valuable addition to our literature, and we wish it the success which we are confident it will merit.

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Western Journal of Medicine.—We have before us the announcement that the publication of the *Cincinnati Journal of Medicine* has been transferred to Indianapolis, and that it will hereafter be issued monthly under the title of the *Western Journal of Medicine*, and be edited by Theophilus

Parvin, M. D. Dr. Parvin is a well educated, industrious, and learned physician, and under his management, and with the aid of the talented gentlemen who have promised to contribute, his journal must take a high rank in our literature.

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The Leavenworth Medical Herald.—This is the title of a monthly journal, the first number of which was issued in June of the present year, under the editorship of Drs. C. A. Logan and T. Sinks. The number before us is a very creditable one both as to its contents and typographical execution.

The editors in their salutatory modestly observe: "In the establishment of this journal, we have not flattered ourselves that we were about to supply a literary want in the medical world, either at home or abroad; but have aimed, simply, to erect a work, which, while furnishing to its patrons the material of a medical paper of respectability and power, should also be the representative of an active, an intelligent, and a constantly growing constituency. It is then, like others of its class, to be considered a *sectional* organ; but when it is remembered that all of the interests of the medical world are common to each individual and to each community; and that the boundaries of our sectional limitation extend from the Missouri on the east, to California on the west, and from the Gulf of Mexico upon the south, to the British Possessions upon the north, the admission will not, perhaps, be construed in the narrow view which attaches to the political signification of the expression."

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Lectures on the Surgical Diseases of Women.—Prof. H. R. Storer will deliver his second private course of twelve lectures upon the "Treatment of the Surgical Diseases of Women" during the first fortnight of December next at his rooms in Boston. The class which attended his first course just completed, have passed resolutions expressive of their acknowledgment for the instruction received.

FOREIGN INTELLIGENCE.

Notes of the Cholera Conference at Weimar, on April 28th and 29th, 1867.—In consequence of the deliberations on cholera which took place at Leipzig in the end of December, 1866, between Professors Griesinger of Berlin, Pettenkofer of Munich, and Wunderlich of Leipzig, a meeting of physicians was called by these gentlemen and by Professor Hirsch of Berlin to meet at Weimar, for the purpose of discussing, and thereby bringing nearer to a solution, some questions in regard to cholera having an extraordinary interest, especially in a practical point of view. Special invitations were sent to those who had contributed important literary labours on the questions; beyond this, it was left open to all physicians to take part in the meeting.

The meeting held four sittings on the 28th and 29th April; viz., from 10 A. M. to 9 P. M., with an interval in the afternoon.

About sixty members took part in the meeting. Among the most important may be mentioned, John Simon of London, Professor Van Geuns of Amsterdam, Professor Koranyi of Past, Professor Klob of Vienna, Professors Gerhardt and Hallier of Jena, Professor Weber, Professor De Bary, and State-councillor Delbrück of Halle, Professor Ackermann of Rostock, Graf of Elberfeld, Sander of Barmen, Lent and Thomé of Cologne, Göben and Brand of Stettin, Flisch of St. Petersburg, Medical Councillor Günther of Zwickau, Professor Carus of Leipzig, and many others, mostly from neighbouring places.

On the proposal of Herr Pettenkofer, Professor Griesinger was chosen President by acclamation; and Dr. Pfeiffer of Weimar and Dr. Thomas of Leipzig were appointed Secretaries.

The first of the four questions which, according to the programme, formed the business of the day, was "the spread of cholera, and the local and temporary causes favouring the epidemic." Its consideration occupied the first and a part of the second sitting.

That cholera spreads through intercourse, was held to be proved beyond doubt, and discussion on this point was considered unnecessary.

A debate next arose as to the influence of the movements of troops on the spread of the disease. On this point the meeting received a number of interesting statements from Drs. Wunderlich, Günther, Weber, Delbrück, Koranyi, Lent, etc., by which it appeared to be proved beyond doubt that many single epidemics in Germany and Hungary originated in the army. It was

thence finally agreed, that military intercourse was more effectual than civil in spreading the disease; but that, nevertheless, the local and temporary disposition of a place must be regarded as of the greatest importance. It was not thought that there was anything specially hurtful in military as compared with civil intercourse, but that military regulations, being in many respects in opposition to sanitary principles, were extraordinarily favourable to the increase of the *materies* of infection among the soldiers, so that a very considerable quantity was enabled to act on districts visited during the movements of troops.

No proofs could be adduced of the spread of cholera through merchandise of any kind. On the other hand, the meeting was unanimously of opinion that the soiled linen of cholera patients conveyed contagion, and should be handled cautiously. Animals coming from infected places must also be regarded with suspicion.

A very important discussion took place on the influence of drinking water. It could not be denied, that many of the experiments which led to great importance being attached to the quality of drinking water, must be received with great caution; inasmuch as other important conditions besides the water might have been in operation. Nevertheless, the opinion that drinking water is never injurious was absolutely rejected. Numerous examples were related, especially by Messrs. Simon, Delbrück, Brehm, Ilisch, Van Geuns, Hirsch, Griesinger, Ackermann, and Sander, proving that the quality of the drinking water has an undeniable influence in cholera. Among the most interesting examples was one related by Mr. Simon, according to whom the mortality from cholera in East London was very unequally distributed, according as the water was supplied to the inhabitants from a reservoir which was comparatively pure, or from another which was infected. It is very probable, that the specific cause of cholera may be contained in the drinking water.

Many observations were also adduced in reference to the influence of the soil; but the only conclusion arrived at was, that, in order to be able to lay down fixed laws on the point, much further investigation was necessary. From most of the statements it appeared, that the amount in the soil of ground-water (in Pettenkofer's definition of the term), and its removal from the upper surface, had an extraordinarily important influence in the spread of cholera, and that dryness to a greater depth greatly diminished the disposition to spread. Pettenkofer's opinion, that a sinking of ground-water from above downwards, a short time before the occurrence of cholera, has a marked influence on its spread, was supported by single instances. Several observations showed, that porous rocky soils and *débris* saturated with water did not increase the disposition to cholera; others, that this disposition is extraordinarily small in a soil that is not at all or but slightly permeable, if it be very near the surface (dry loam in strata, or clay). It was assumed as probable regarding any place, that the relations of the soil and moisture did not exert an essential influence on the presence or absence of the disposition of cholera to spread.

The second question had reference to the utility of disinfection. On this point very interesting communications were made by Messrs. Delbrück, Göden, Carus, Lent, Graf, Weber, Wunderlich, Hirsch, Günther, Klob, Van Geuns, Koranyi, Simon, Büttner, and Brehme. From all observations, it appeared that great importance is to be attached to disinfection. Although cholera might spread to a remarkable extent in places in which disinfection had been carried on, the view was supported on good grounds, that such regulations were of considerable value, and on the other hand the causes which had rendered it defective or nugatory were pointed out. Such causes were, in part, an unusually abundant and frequent importation of the poison, especially through the movements of troops; and partly the existence of very unfavourably situated buildings and blocks of buildings, in conjunction with a very strong predisposition to the disease on the part of the people. It was especially demonstrated that, in many instances, drains and canals for carrying off impure fluids entirely neutralized the advantages of disinfection; and that the same result was produced by the people being obliged to use notoriously bad drinking water, infected by cesspools or drains.

The third question submitted to the Conference bore on the choice of the means of disinfection to be recommended for future use. A long debate took place on this subject, especially on the ground that the

opinion could not at once receive general recognition, that the failure of disinfection was not to be ascribed to the means employed, if causes were present which prevented the regulations from being followed by the advantage expected. Finally, the following conclusions were agreed on with reference to the regulations to be adopted against cholera :—

1. The Conference expresses its opinion that attempts to limit cholera by means of disinfection should be energetically carried out.

2. Disinfection can only be of use, if there be a rational treatment of the excreta, if care be taken for insuring the cleanliness of a town and the carrying out of all measures conducive to health, and if disinfection be carried out in a compulsory manner by the magistrates.

3. In districts where the entire place cannot be disinfected, it is advisable to disinfect anew the localities attacked in former epidemics.

4. General disinfection must be carried out early—*i. e.*, on the approach of an epidemic. Suspected houses should be permanently disinfected.

5. On the best means of disinfection, investigations have not yet been brought to a conclusion. Hitherto it has not been possible to find any more certain, or better, or more easily applicable means than sulphate of iron and carbolic acid. It was recommended that these should be used in combination.

6. The disinfection of the soiled linen, etc., of cholera patients is an especially important point. For this purpose, boiling in water and treatment with sulphate of zinc is recommended; and it is advised, that for the poor special regulations should be made for constantly carrying out disinfection.

7. For drains, sewers, etc., the method lately discovered by M. Süvern is recommended.

8. The emptying of houses that have been attacked, and the removal of the inhabitants, is advisable whenever it can be carried out.

9. It is most urgently recommended that the soil under dwellings and in the vicinity should be kept as clean as possible from excrementitious matters, and that the supply of drinking water should be as pure as possible. Where pure water cannot be obtained, an attempt may be made to disinfect it by boiling.

The consideration of some other special points was deferred for various reasons.

On the fourth question—"To what points are further observations to be directed, and on what points should experiments be collected?"—the following conclusions were arrived at :—

Observations should be directed to—

1. Further investigations of the lower organisms which may have a bearing on cholera.

2. The influence of water in different conditions: *e. g.*, as drinking water, water for household purposes, etc.

3. The condition of the soil, the relations of the ground-water, and its positive or negative influence on disease, and on the occurrence and spread of epidemics.

4. The question whether it can be shown by demonstrable and indubitable observation that cholera may be communicated by simple transmission; *e. g.*, through goods.

5. The relations of the epidemic and its influence on the future diseases of the people.

6. The spread of cholera on board ship.

7. Contagion through merchandise.

Finally, several special pathological questions were considered worthy of mention, but no conclusions were adopted in reference to them.

The recent discovery of low organisms in cholera is a matter of great interest and importance. The principal merit in the inquiry is due to Dr. Klob of Vienna and Dr. Thomé of Cologne. Both find in the cholera stools, and in the intestinal mucus of persons who have died of cholera, certain organic formations, named zoogloea, consisting of very fine nuclei surrounded by a gelatinous mass of various thickness. The nuclei undergo manifold divisions, and are developed into chains, from which innumerable large felted masses are formed in the intestinal mucus. The further progress of development of these organisms is not quite clear. Thomé obtained from them, after some time, large round cell-like bodies; and also vegetations like mould (*cylindrotœnium*), from which sprang cylindrical spores, developing themselves into fungi.

Opinions as to the connection of these cells, threads, and spores can, however, for various reasons, be received with caution. Great difficulties stand in the way of the investigation; and a conclusive result must not be soon expected. Especially is it in some degree a question whether, as certain

investigations already render probable, these organisms are to be met with in the blood; if it be so, their importance must be essentially increased.

By several members, especially Pettenkofer, attention was drawn to the presence of similar structures in moistened soil, in ground-water, in waterworks, in drainage pipes, etc.; as well as to the relations which might exist between these organisms and the "cholera fungi," and to the means which might have an influence on these organisms and, with them, on similarly constituted living causes of disease.—*British Med. Journ.*, June 1, 1867.

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Sloughing produced by Local Anæsthesia.—We examined, a few days since, in the Middlesex Hospital, a young woman whose case is of no little importance in reference to the question of local as against general anæsthesia for operations. Mr. Lawson had diagnosed the existence of an abscess behind the patient's breast, and as the pus was very deep (under the pectoral muscle indeed) the refrigerator was used, paraffine ether being employed. Congelation was rapidly produced, and kept up for a few minutes. The result has been, that a portion of skin, about an inch by three-quarters of an inch, over the upper part of the breast, had sloughed, and its healing will necessarily be attended by an unseemly scar. The patient is a maidservant; were she unfortunately a lady, the undress of the modern ball-room would be impracticable without revealing such a blemish as might seriously damage her value in the matrimonial market. The case is certainly exceptional; but the circumstance is worth remembering when exposed parts of the body are to be operated upon.—*Lancet*, May 25, 1867.

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Reduction of Hernia by the Administration of Coffee.—That coffee has a very much more powerful influence on the peristaltic movements of the intestine than tea is pretty generally known; but we doubt whether this action has hitherto been brought into play in the reduction of hernia. The following instance in which coffee was accidentally and successfully employed for this purpose will therefore interest our readers: A man who had for some years a reducible hernia, while over-exerting himself converted his hernia into an irreducible one. On being seen by Dr. A. Bourillon, who describes the case, he was suffering from colic and nausea, the pulse was small, and a round, hard tumour, giving a tympanitic sound on percussion, existed in the right groin. The relations of this showed that it was a strangulated right inguinal hernia. The taxis was tried in vain for hours. Applications of belladonna, tobacco, salt, &c., were also unsuccessfully tried. The next day the condition of things was worse, and all efforts to reduce the hernia were fruitless. It was therefore determined to operate on the following day, and the patient was meanwhile ordered to have infusion of coffee (100 grammes of freshly roasted and ground coffee to five cups of boiling water). On coming to operate in the morning, Dr. Bourillon found that the hernia was reduced. According to the patient's own account, the coffee having produced movement of the intestine, seemed to extend the contraction to the hernial sac, which passed inwards suddenly with a distinct *gargouillement.*—*Ibid.*

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Animal Vaccination. — The French Academy of Medicine, the body to which is assigned the management of the public and gratuitous vaccinations in Paris and the distribution of lymph, has been for some time past engaged in practically investigating the claims of the practice of "animal vaccination," introduced into France from Naples by M. Lanoix. At the last meeting of this learned body, M. Depaul read his report on the results of the investigation, the chief conclusions of which we subjoin. 1. The transmission of cow-pock by its inoculation from heifer to heifer is obtained without difficulty. 2. No accident occurred to any of the heifers from the fact of inoculation. 3. The three first heifers were inoculated by the Naples cow-pock, and forty-two others by that obtained from Beaugency. 4. The cow-pock has lost none of its properties through successive inoculations. 5. The course of the eruption has been more rapid on the heifer than on the human subject, the pimple appearing on the third day and suppurating in the course of the seventh or eighth. 6. In sick heifers the pustules presented less development than in the healthy ones. 7. The eruption was entirely confined to the inoculated spots. 8. Little or no reaction was observed. 9. It would be easy, especially

in great centres of population, to organize services for animal vaccination. 10. The quantity of lymph which each heifer can supply is sufficient for the most extensive service. 11. According to our experiments, syphilis is not conveyable to the bovine species by inoculation. 12. When taken under proper conditions, this lymph succeeds as frequently as lymph derived from an infant. 13. Taken later than the seventh day, it produces less satisfactory results. 14. It is not unusual after inoculation of infants with the cow-pock to find the period of incubation prolonged, the eruption not manifesting itself until between the ninth and twelfth days. 15. Sometimes on the same individual the pustules pursue an unequal and irregular course. 16. The pustules obtained by this cow-pock are more voluminous, and the phenomena of general reaction, especially at the period of suppuration, are more sensible than after human vaccination. 17. These manifestations have never taken on a serious character in any of the infants inoculated by us. 18. The number of resulting pustules is alike in both kinds of vaccination. 19. A single puncture has sometimes given rise to the appearance of one, two, three, or even four pustules—a phenomenon which is of much rarer occurrence after human vaccination. 20. The cow-pock, like the lymph from the infant, often fails when it has been preserved between glasses or in tubes, and in this respect human vaccination seems to possess some advantage over animal vaccination. Still, the cow-pock lymph which has been kept in tubes during a month has been successfully used, and specimens which have been sent to the provinces and abroad have furnished satisfactory results. 21. We have made too few trials of cow-pock for revaccination to be able to form an opinion. 22 During the prevalence of epidemics of smallpox, one or more inoculated heifers might be sent into the districts, which would supply all the lymph necessary for the vaccinations and revaccinations.—*Med. Times and Gaz.*, April 20, 1867.

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Reactions of Morphia and Narcotine.—M. Husemann's process for distinguishing morphia consists in dissolving the matters to be tested in concentrated sulphuric acid, and adding a drop of nitric acid to the solution. If morphine is present, it immediately produces a coloration varying from rose to the most intense carmine, and by heating for some minutes to 100° or 150°, a magnificent violet colour appears, which afterwards changes to blood-red. Narcotine becomes bluish green in cold sulphuric acid, turning violet-red by the action of the heat. —*British Med. Journ.*, Feb. 16, 1867, from *Journ. de Pharmacologie.*

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Convolescent Hospitals.—Long convalescence, ending in relapse or death, says Miss Nightingale, is by no means unfrequent amongst the poor, many of whom leave hospital, to make way for more necessitous cases, long before they are able to return to their customary employment. Follow these people to their homes, and what do you find? A straitened household, overtaxed to the utmost point by a long illness of its head or support; receiving back, perhaps from expected death, its head, not to be a *support*, but to make a further call upon its exhausted resources for nursing, clothing, and, above all, for suitable food and comforts. There can be no doubt that these defective convalescences, gone through in bad air, and in the absence of almost every requisite, eventually go to swell the registrar's death-list, and meantime add heavy items to the expenditure of the poor-rates. That is the philosophy of convalescent hospitals in a nutshell. The medical officers of hospitals value greatly the opportunity of using such orders for convalescent hospitals as are placed at their disposal; but they are too few. We look forward to the day when every town hospital will have its convalescent branch. That will aid in a true economy—the economy of rapidly and effectually healing the sick.

Last week we had the pleasure of announcing that the munificent sum of £150,000, left by Mr. Morley to St. George's Hospital for the purpose, has been expended partly in the purchase of an estate at Wimbledon, on which will be erected and supported from the funds a hospital containing a hundred beds for patients, with the necessary accommodation for nurses, and a laundry, at which the washing of the town hospital will be performed with great economy. The intelligent munificence of the Baroness Rothschild has for some years maintained a small institution of the kind in the East End of London; and now the earnest and energetic benevolence of Mrs. Gladstone

has prompted her to throw all her influence into the endeavour to found a convalescent hospital for East London at Snaresbrook. We heartily wish her enterprise not merely success in its present form, but a wide development.—*Brit. Med. Journ.*, March 30, 1867.

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Running Drill.—If a malefactor be flogged for his sins, the law requires that a medical officer stand by, to see that the malevolent organism of the culprit is not seriously compromised. But what doctor stands between the soldier and running drill, to guard the soldier's organism from being compromised through this pursuit of military knowledge under difficulties? The malefactor gets his back scored, and there is an end of his difficulties; but the soldier, we are informed on excellent authority, suffers from his running drill painful distress, and not unfrequently a damaged circulatory apparatus. We cannot suppose that the Medical Department was consulted before the running drill order was issued; for there can scarcely be a medical officer in the service who would not have protested against an exercise which must of necessity, if unwisely carried out, tend seriously to damage the soldier's heart. It is a well-known fact that, even with the ordinary drilling and marching, heart-disease is very common in the army; and it is quite unnecessary to repeat what has been so well and forcibly said as explanatory of the fact. To carry a heavy weight with a tightly compressed thorax may seem a simple matter to the issuers of Horse Guard Orders; but then the natural movements of the chest cannot be impeded with impunity even by those high military authorities.—*Brit. Med. Journ.*, March 23, 1867.

Ozone and Vegetation.—Dr. Charles Daubeny has contributed to the *Journal of the Chemical Society* a valuable paper containing the results of a long series of experiments on this interesting subject. He considers it time that the question as to the existence of ozone in the atmosphere should be set at rest, since, whilst it is now disputed by some eminent chemists, it is taken for granted by the meteorologists, and thus the weather tables are swelled by ozone observations. He assumes that, as a substance, characterized by a peculiar smell and by oxidizing properties, can be produced by artificial means, especially by the action of the electric spark through air containing oxygen, ozone must exist in the atmosphere, and is to be detected and measured by reagents. In his paper he gives tables showing the amount of ozone at Torquay, for certain months in 1864, 1865, and 1866, with averages; and he gives also a table showing the results of experiments upon the effects of the leaves of fifty-seven species of plants belonging to forty-seven natural families upon Schönbein's iodized paper. In thirteen of these cases, the coloration produced upon the paper introduced into the jar containing the plant was less in degree than that occasioned by light upon the same suspended in the empty jar for the same period; but in thirty-two cases the reverse was observed, the degree of coloration attributable to the plant being sensibly greater. The result of these and other experiments leads Dr. Daubeny to conclude, from its remarkable oxidizing properties, and the rapidity with which any organic matter, dead or living, undergoes a slow combustion in its presence, that ozone is an important agent for restoring the atmosphere to its original purity.—*Med. Times and Gaz.*, March 16, 1867.

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Cranial Types of Man and Woman.—According to Welcker, the female skull is smaller both as regards horizontal circumference and internal capacity, and the weight of the brain corresponds with this. The female skull exhibits, according to Welcker's measurements, the following proportions, assuming the male = 100 throughout:—Circumference, =96.6; capacity, =89.7; weight of brain, =89.9. The outlines of the female head are rounder; the facial portion of the skull, especially the jaws and the base of the skull, smaller, the latter being especially narrower in the posterior section. The base is at the same time more extended, the sella-angle larger, and there is developed in the female a striking tendency to prognathism as well as dolichocephaly. We may, therefore, say that the type of the female skull approaches in many respects that of the infant, and in a still greater degree that of the lower races; and with this is connected the remarkable circumstance that the difference between the sexes, as regards the cranial cavity, increases with the development of the race, so that the male European excels much

more the female than the negro the negress, —Vogt's *Lectures on Man.*

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The Differences between Man and the Ape.—On the occasion of a paper on this subject by M. Schaafhausen, of Bonn, read before the Paris Anthropological Society, M. Gratiolet thus expressed the result of his researches. He thought that there existed no reason for establishing an anatomical similitude between man and the gorilla. "As regards the brain, the gorilla's is the lowest of the anthropoid apes, since the brain does not cover the cerebellum, by which he approaches the cynocephali. It is not in his size and strength that we must look for human characters, but in the conformation of the hands, and just in this he differs considerably from man. The thumb is very short in the gorilla, and its muscles much reduced. The long flexor is replaced by a tendinous tract, the origin of which is lost in the tendinous sheaths of the flexors of the other fingers. It follows that the thumb has no independent movement of opposition. In the orang, though the thumb is shortened, it still is capable of an independent flexion; but this depends on a peculiar disposition which he had lately verified with M. Alix. In point of fact, the proper flexor of the thumb is entirely absent in the orang; there is not even found that tendinous tract existing in the gorilla; but, by a singular contrivance, the marginal fibres of the adductor muscle of the thumb terminate in a tendon which is placed in the axis of the first terminal axis." "The fact which establishes a great relation between man and apes is, that in them the optic nerves open directly in the cerebral hemispheres, whilst in the other vertebrates these nerves reach the brain only by the intermediation of the tubercula quadrigemina. This peculiarity may explain the existence of a certain conformity in the manner in which man and ape perceive their sensations. But it does not follow that there is an identity in the nature of their intelligence; for though the senses are subservient to the operations of the intellect, it cannot be said that they produce it. Man must be placed by the side of the ape, but only as an animal. Man is a being apart, just as all other vertebrata must be separated, as they cannot be considered as having originated from each other." M. Gratiolet added that, as a pupil of Blainville, with whom originated the idea of a series in natural history, he felt bound to state how much the ideas of his master had become modified. Where Blainville formerly recognized transitions from group to group, he, in the latter period of his life, only saw maxima and minima of realization for each group. He acknowledged an ideal series between types, but not a lineal series between all beings. It is thus impossible to invoke the opinions of Blainville for the support of theories tending to reduce to a single stock the numerous species composing the animal kingdom.—*Med. Times and Gaz.*, April 6, 1867.

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Pocket-Picking in Hospitals.—The police reports of Monday last tell us that a "respectable tradesman's wife of Dartford," was taken up for pocket-picking in Guy's Hospital. We notice the incident because it illustrates the style of patients who improperly obtain gratuitous medical services at our public charitable institutions. This "respectable wife" appears to have found the patients' waiting-room a good field for the exercise of the gentle craft of picking pockets. Clearly the patients were of a class who have well-lined pockets. Many of them complained that their purses had disappeared. It does not seem to have occurred to any of these respectable females with purses in their pockets, that they were robbing the doctors by improperly obtaining charitable aid. The facility with which gratuitous medical service is obtainable at our hospitals, is one of those evils to which we have frequently called attention. It is very necessary to devise some system of checking the abuses fostered by the out-patient system. Gratuitous services are rendered by no other profession in the same proportion as in ours. At least, the medical men in hospitals, and the profession at large, should be protected from abuse of their charity by well-to-do persons.—*Brit. Med. Journ.*, March 16, 1867.

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Acupressure.—Sir James Simpson has been in Paris during the last week, and has practised acupressure by way of demonstration. In one case, however—amputation of the breast—the ultimate result was unsatisfactory, erysipelas and death occurring within a few days.—*Brit. Med. Journ.*, April 27.

MEDICAL LEXICON; A DICTIONARY OF MEDICAL SCIENCE: Containing a concise explanation of the various Subjects and Terms of Anatomy, Physiology, Pathology, Hygiene, Therapeutics, Pharmacology, Pharmacy, Surgery, Obstetrics, Medical Jurisprudence, and Dentistry. Notices of Climate and of Mineral Waters; Formulæ for Officinal, Empirical, and Dietetic Preparations; with the Accentuation and Etymology of the Terms, and the French and other Synonymes; so as to constitute a French as well as English Medical Lexicon. By ROBLEY DUNGLISON, M. D., Professor of Institutes of Medicine in Jefferson Medical College, Philadelphia, &c. Thoroughly Revised, and very greatly Modified and Augmented. In one very large and handsome royal octavo volume of 1048 double-columned pages, in small type; strongly done up in extra cloth, $6; leather, raised bands, $6 75.

The object of the author from the outset has not been to make the work a mere lexicon or dictionary of terms, but to afford, under each, a condensed view of its various medical relations, and thus to render the work an epitome of the existing condition of medical science. Starting with this view, the immense demand which has existed for the work has enabled him, in repeated revisions, to augment its completeness and usefulness, until at length it has attained the position of a recognized and standard authority wherever the language is spoken. The mechanical execution of this edition will be found greatly superior to that of previous impressions. By enlarging the size of the volume to a royal octavo, and by the employment of a small but clear type, on extra fine paper, the additions have been incorporated without materially increasing the bulk of the volume, and the matter of two or three ordinary octavos has been compressed into the space of one not unhandy for consultation and reference.

It would be a work of supererogation to bestow a word of praise upon this Lexicon. We can only wonder at the labor expended, for whenever we refer to its pages for information we are seldom disappointed in finding all we desire, whether it be in accentuation, etymology, or definition of terms.—*New York Med. Journal*, Nov. 1865.

It would be mere waste of words in us to express our admiration of a work which is so universally and deservedly appreciated. The most admirable work of its kind in the English language. As a book of reference it is invaluable to the medical practitioner, and in every instance that we have turned over its pages for information we have been charmed by the clearness of language and the accuracy of detail with which each abounds. We can most cordially and confidently commend it to our readers.—*Glasgow Med. Journ.*, Jan. 1866.

A work to which there is no equal in the English language.—*Edinburgh Medical Journal.*

It is something more than a dictionary, and something less than an encyclopædia. This edition of the well-known work is a great improvement on its predecessors. The book is one of the very few of which it may be said with truth that every medical man should possess it.—*London Medical Times*, Aug. 26, 1865.

Few works of the class exhibit a grander monument of patient research and of scientific lore. The extent of the sale of this lexicon is sufficient to testify to its usefulness, and to the great service conferred by Dr. Robley Dunglison on the profession, and indeed on others, by its issue.—*London Lancet*, May 13, 1865.

The old edition, which is now superseded by the new, has been universally looked upon by the medical profession as a work of immense research and great value. The new has increased usefulness; for medicine, in all its branches, has been making such progress that many new terms and subjects have recently been introduced; all of which may be found fully defined in the present edition. We know of no other dictionary in the English language that can bear a comparison with it in point of completeness of subjects and accuracy of statement.—*N. Y. Druggists' Circular*, 1865.

For many years Dunglison's Dictionary has been the standard book of reference with most practitioners in this country, and we can certainly commend this work to the renewed confidence and regard of our readers.—*Cincinnati Lancet*, April, 1865.

It is undoubtedly the most complete and useful medical dictionary hitherto published in this country.—*Chicago Med. Examiner*, Feb. 1865.

What we take to be decidedly the best medical dictionary in the English language. The present edition is brought fully up to the advanced state of science. For many a long year "Dunglison" has been at our elbow, a constant companion and friend, and we greet him in his replenished and improved form with especial satisfaction.—*Pacific Med. and Surg. Journal*, June 27, 1865.

This is, perhaps, the book of all others which the physician or surgeon should have on his shelves. It is more needed at the present day than a few years back.—*Canada Med Journal*. July, 1865.

It deservedly stands at the head, and cannot be surpassed in excellence.—*Buffalo Med. and Surg. Journal*. April, 1865.

We can sincerely commend Dr. Dunglison's work as most thorough, scientific, and accurate. We have tested it by searching its pages for new terms, which have abounded so much of late in medical nomenclature, and our search has been successful in every instance. We have been particularly struck with the fulness of the synonymy and the accuracy of the derivation of words. It is as necessary a work to every enlightened physician as Worcester's English Dictionary is to every one who would keep up his knowledge of the English tongue to the standard of the present day. It is, to our mind, the most complete work of the kind with which we are acquainted.—*Boston Med and Surg. Journal*, June 22, 1865.

We are free to confess that we know of no medical dictionary more complete; no one better, if so well adapted for the use of the student; no one that may be consulted with more satisfaction by the medical practitioner.—*Am. Journ. Med. Sciences*, April, 1865.

The value of the present edition has been greatly enhanced by the introduction of new subjects and terms, and a more complete etymology and accentuation, which renders the work not only satisfactory and desirable, but indispensable to the physician.—*Chicago Med. Journal*, April, 1865.

No intelligent member of the profession can or will be without it.—*St Louis Med. and Surgical Journal*. April, 1865.

It has the rare merit that it certainly has no rival in the English language for accuracy and extent of references.—*London Medical Gazette.*

HENRY C. LEA, Philadelphia.

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

CLINICAL LECTURES.

Clinical Lecture on the Indiscriminate Use of Alcoholic Stimulants in Disease.—Delivered at Guy's Hospital. By SAMUEL WILKS, M. D., Physician to, and Lecturer at, the Hospital.

GENTLEMEN: In drawing your attention to the case of bronchitis and the good results which followed the discontinuance of stimulants after I had at first ordered them, let me impress upon you the importance of always seriously considering the advisability of alcoholic treatment before you have recourse to it. To my mind, the most important question in therapeutics at the present day is the value of alcohol in disease. Because this agent is made use of daily by a large part of the community as an article of diet, its administration in disease is treated too often with carelessness, and it thus forms, without a due consideration of its action, one of our commonest prescriptions. If it be said that its frequent use is an evidence of its potency, this is the more sufficient reason why its administration should be watched with the extremest care.

You know it is not decided in what manner alcohol exactly behaves in the animal economy: the proof is wanting that it is a food for the lungs, whereas its direct effect on the nervous system is evident. A want of knowledge of the precise changes which it undergoes in the system, is, however, no argument against its use, since its advantages must be discovered from experience alone. If the taking a stimulant restores a flagging nervous force, and so adds fresh life to the various organs of the body, a benefit may have been received; and thus

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most of us are brought up in the habit of taking our glass of wine, and feel ourselves refreshed. Since the active agency in many of our stimulating drinks is alcohol, many persons have recourse to spirits in order the better to obtain its influence, and thus brandy may become with them a regular article of diet: the necessity for some stimulus being assumed, if malt liquor or wine be supposed to disagree, some brandy and water is drunk instead.

I am not going to enter upon the much-vexed question as to the necessity for the daily use of wine or spirit; but I will say that the usual test for the advantages of its use is one which I conceive to be in most cases utterly valueless. Alcohol, remember, although an excitant, is a sedative to the nervous system—is, in fact, an anæsthetic. A drunken man may be injured in such a way as to have all his teeth knocked out in a brawl, yet apparently not perceive the injury, and be utterly unconscious of the occurrence when he has returned to soberness. The argument, therefore, that a man feels better after his glass or two of grog would be equally applicable to the case of the Turk who feels better for his opium. His feeling better simply means that he has got rid of his unpleasant sensations, whether these be moral or physical; he "drowns his troubles in the bowl." If a man engaged in the practice of his profession, mercantile business, or even pleasure, such as boating, cricketing, or shooting, intends to assert that he can pursue these respective objects with more success after he has taken a stimulant, then he may have an argument in favour of its use. If, however, it be admitted that during the active pursuits of the day a stimulation to the nervous system is injurious, but that after the fatigues are over the body must be recruited, and that a proportion of alcohol is beneficial, I have nothing to say against it, should experience speak in its favour. I repeat, however, that in the majority of instances where a man's reason for taking his wine or spirits is of no better kind than that he feels better for it, the reason is utterly valueless; indeed, it may generally be assumed that whilst his feelings are benumbed his organization is being injured. The argument is no better in favour of the use of wine or other stimulant in disease—as, for example, that it must do good, since the patient craves for it. The question of the advantages attending the daily use of beer, wine, or spirits, although a difficult one to solve, is one which you cannot evade considering, since the health and welfare of families may depend upon your judicious decision. You may recommend wine with advantage to members of certain families having peculiar temperaments, whilst should you advise it for others you may unwittingly be sowing the seeds of ruin of mind, body, and estate.

The subject of the different temperaments of your patients and their mode of life is one which is well worth your study; but the matter I wish now to strongly enforce upon you is that you are as thoroughly to consider the propriety of the administration of alcohol as you would any drug in the Pharmacopœia. Endeavour, if you can, to erase from your minds that it is a proven fact that alcohol is a tonic or a necessary part of every one's beverage. This is assumed by a large mass of people; and the meaning of the question which your patient puts to you when he says, "What shall I drink?" is not "Shall I take a stimulant or leave it alone?" but "Shall I drink beer, wine, or spirits?" He often confesses that he is in a great difficulty; he finds none of them agree with him; but that he must take "something" appears as necessary as eating his daily bread; the alternative never having formed part of his calculation. I say it is assumed that a strength-giving property lies in these drinks—that just in proportion to a man's feeling of weakness so will he require one of them: in ordinary health he may only want his beer; but if ill, his wine; and if very ill, his spirits. Now this popular opinion is shared in, I am sorry to say, by many in the profession: if the patient is weak he wants "support," this term carrying too frequently with it the necessary idea of wine or spirits. I should be sorry to say that the doctor panders to the public taste, since he is too often already in accord with it; but the consequence of such agreement between patient and medical man resolves itself into this, that an extra stimulant is prescribed. You might ask to what complaints do I refer when I speak of this too common advice; but I need only repeat the word "patient," for it matters little what is the nature of the disease, since the reasons for the treatment are applicable to all complaints, and are founded on this simple

proposition: all persons who are ill are weak; they have lost strength; they require it to be restored; alcohol is a supporter and a tonic, therefore alcohol is a remedy for all diseases. This is no parody, for I have heard the argument set forth in some such words; and practically it is adopted by many, for I constantly hear medical men say they give brandy to all their patients, for they always find them "low." Brandy indeed becomes with some as much a universal remedy as revalenta, chlorodyne, Morison's pills, or any other quack medicine. Moreover, it is a medicine of which the patients approve, assuming as they also do its supporting and strength-giving powers. You therefore cannot do better, if you fear no compunctions in converting your profession into a mere trade, to say to all your patients, after feeling their pulse, that they are very low—that you are sure they do not take enough; and order them several glasses of wine daily. Should they be exceedingly ill with some desperate organic complaint, then you must turn your remarks to the friends, and speak of the necessity of supporting the patient by giving him as much brandy as can be poured down his throat. By this method you are sure to give "satisfaction:" for should the patient die without such treatment, you may have the credit of letting him slip "through your fingers;" whilst, if he die with it, you have done your best. If you kill a dozen patients with brandy, you need have no fear—"you have done your best." This, I say, would be a very comfortable and lucrative mode of practice.

It may very fairly be asked, If alcohol be so potent a remedy that it can supersede all drugs in so many several cases of disease, is not this a reason why brandy-treatment should be adopted with some consideration? The want of caution in its use is owing, I have no doubt, to its entering so frequently into the daily diet; and thus alcohol is not reckoned amongst the same class of agents as that of medicines. On the bed-cards in this hospital there is one column for the medicines, and another for the diet. Before filling up the one, we discuss the benefits of giving our patients a few drops of henbane or ether; and in the other column we often write down any number of ounces of brandy with very little thought of its effect. If alcohol were transferred to the medicine side of the card, we should be more likely to discuss its value in any given case in the same manner as we do the various drugs in the Pharmacopœia.

It would require a whole course of lectures to dwell upon the beneficial or baneful effects of alcohol in all forms of disease; and, therefore, I will simply state, as a result of my own experience, that, like other drugs, it may be beneficial, useless, or harmful. I may remind you of what you yourselves have witnessed—that fevers will do well without this remedy. So wedded, however, are some to the idea of the absolute necessity of stimulants, that they have expressed almost incredulity when they have heard it stated that fevers will terminate favourably without them. Of course stimulants are often needed; but young persons with typhus and typhoid do far better, I believe, without them. That they make good recoveries on simple milk diet is a fact which my hospital cases prove, and which no arguments can gainsay; and, on the other hand, I have seen a marked improvement take place in some cases where a stimulus has been left off. It is also a fact that in bronchitis I have repeatedly seen improvement after stimulants have been omitted; and, as regards heart-disease, I am convinced that the amount of mischief done by stimulants is immense. In the case of fevers and bronchitis, the weak pulse is often but an indication of extreme capillary congestion, and a stimulus to the heart only aggravates the evil; and in the case of a diseased and weak heart, where repose is indicated, a constant stimulation by alcohol adds immensely to its trouble.

It causes me daily surprise to observe how the effects of stimulation are overlooked. Often have I been called to see a patient apparently dying, sometimes of a nervous disorder, at another time of a liver complaint, and at another of heart-disease. He is lying in bed, where he (or she) has been for some time, and kept alive (as it is said) by brandy; the breath is abominably fetid; the heart's action is so rapid that it is impossible to say whether the organ is diseased or not; the patient refuses food, or if this be taken, it is rejected, and so he is plied with brandy to keep him alive; the body is, in fact, saturated with spirit, or its elements. My first remark on seeing such a case is, that a man cannot live on alcohol; he must take some food or he will die.

The correctness of such common-sense remarks is admitted, but qualified with the statement that no solids can be taken, and that if stimulants be omitted it is feared the patient will sink. It is assumed that the constant administration of brandy is necessary for the temporary maintenance of life, and the idea never seems to have been conceived that the stimulation of the heart causes the weak, fluttering pulse, and the stimulation of the stomach a subacute gastritis. Do you ask me what method I adopt? The simplest possible. I withdraw every drop of the stimulant, and in a few hours the irritated stomach is partly restored to its normal condition, the nervous excitement abates, the patient takes a little food, and begins to mend. Do you ask, again, whether I do not fear any frightful results from the sudden withdrawal of the stimulus? I say, not the least; I have no fear of the consequences. Not of delirium tremens? Not in the least. This is a disease not induced by the withdrawal of stimulants, but, on the contrary, is produced by a recent debauch. For the production of delirium tremens the patient must have been such an habitual tippler as to have weakened his brain, and must then have had an overdose of the stimulant to set up the disease. There are no facts to show that the withdrawal of the accustomed drink is attended with any evil results, although I know that an imaginary fear of this kind leads to an erroneous and vicious method of treatment—the plying the patient with a stimulant during the violence of the attack, the effect of which is to prevent or prolong the cure. Rest and repose, with the avoidance of stimulation, is the treatment which the patient requires. The success of digitalis may be mentioned in corroboration of this view. I repeat that there are no facts to show that delirium tremens is produced by the withdrawal of stimulants, whilst it is a fact, as I could illustrate by many cases, that nothing but good results from its absolute discontinuance in the desperate cases to which I have alluded.

That many cases of disease of various kinds would do far better without stimulants I am perfectly confident. But lately I have seen the case of a gentleman, about sixty years of age, who passed through a most severe attack of pneumonia without the use of stimulants. He had been a tolerably free liver, and would not have been called a good subject; but having before me the case of another gentleman of the same age, who had just died of pneumonia, and who had taken a large quantity of brandy, I readily acquiesced in the patient's own view, that none should be given. It is very remarkable what extremes we have reached, and on how slight a scientific basis is founded the treatment of pneumonia. Not many years ago the antiphlogistic method was adopted, including bleeding, antimony, calomel, &c.; then came the "let alone" method; and now we have the brandy treatment. What the need of this can be with Professor Hughes Bennett's statistics before us, I do not comprehend. My own conviction is (but of course this is only an opinion), that in any given number of cases a larger majority would recover under the old antiphlogistic treatment than by the more modern method of brandy. As regards heart-disease, the utmost discrimination is required in the use of stimulants. There are cases where an undoubted benefit is produced by them; but there are others, and these I have seen repeatedly, where alcohol has induced palpitation, fluttering, great distress, and constant sleepless nights, but where, on the other hand, the withdrawal of the spirit, and the substitution of a dose of digitalis or henbane, has been of the most essential service. The administration of a stimulus, in the attempt to overcome disease, in lieu of good and well-tried remedies, evinces the very worst form of medical scepticism with which I am acquainted.

It is not only in these severe cases of disease, but in lesser evils, that your recommendation of stimulants may do incalculable mischief. You visit, for example, an ailing lady, and she details to you a number of troubles of a nervous and dyspeptic character. She is sitting in-doors all day, taking no exercise, living well, and consequently drifting into a weak and flabby condition. You place your hand on her pulse, and, finding it feeble, condole with her on her state of health, assure her that she does not live well enough, and order her a few extra glasses of wine or a little brandy.[1]

[1] The word "little," it must be remembered, has long ceased to maintain its original signification in reference to eating, drinking, and physicking. It would be extremely vulgar were we to be asked at our dinner-tables to take otherwise than a "little" more; and the doctor would not be forgiven by his patient were he, in detailing

You find that she grows no better for the advice; but perhaps you never reflect that you have been adding fuel to the fire. Knowing not what to do in the way of treatment, you order her out of town, and she immediately begins to improve. She goes to Brighton, rides on horseback or walks miles a day on the Parade, regains her appetite, craves less for stimulants, and her health is restored. If, on the contrary, you fail to remove her from her home, she goes on from bad to worse; she takes to her bed, eats less food, drinks more wine and brandy, until, having become one mass of fatty degeneration, life can hold no longer, and death ends the scene. This lady has been killed with kindness. This is no imaginary case; my mind's eye is carrying me to the bedside of more than one such instance. Do not then assume that alcohol is an equivalent to a tonic, and that it must be necessarily administered because your patient is weak. It may be that that very weakness is due to the long-continued pernicious effects of this same stimulant; indeed, as you have often heard me say in the out-patient room, if a man comes into our presence with a tottering gait, bloated face, and his nervous energy all gone, you may be quite sure that he has been taking "strengthening" things all his life.

I will say no more on this subject, as I do not wish to speak condemnatory of alcohol as a remedy, since it is one of the most powerful agents we possess to rouse the dormant nervous power. Moreover, I do not wish to speak too dogmatically of its ill effects, being fully aware that there are many holding very distinguished positions in the profession whose opinions are not in accordance with those I have expressed. Were it not for this reason, I should have used still stronger language than I have done; for even firm convictions must be restrained when we know what an amount of contrary opinion can be arrayed against us. It is, nevertheless, the duty of every one to express his own conviction when that is based on experience, and thus I shall ever feel bound to withstand the indiscriminate use of stimulants in disease.

Whatever may be thought of the remarks just made, there is one thing which I must insist upon — that is, when treating any malady, and the administration of alcohol is suggested to your mind, that you give the same grave consideration to its recommendation as you would to any other potent drug in the Pharmacopœia; not to sit down and give all your serious thoughts to the question of whether a grain of this or a grain of that drug should be ordered, perhaps twenty or thirty drops of ether, and then at haphazard order any loose number of ounces of brandy. You observe that I say nothing against the potency of alcohol in several states of disease; but I do speak strongly against its indiscriminate use without due consideration of its need or of its results. My arguments would equally apply did I find that opium or any other drug were indiscriminately used as a universal medicine. I should protest against the practice, whilst still possessing great faith in the virtue of the drug. If I can influence you to place alcohol in your list of drugs, so that you may administer it with the same caution as you do the several articles in the Pharmacopœia, then the object of these remarks will be fully answered.—*Lancet*, April 27, 1867.

the ingredients of his prescription, to state that he had administered the regular dose, but that he had given only a "little" of this or that. When therefore a patient is ordered a "little" brandy, the adjective in no way qualifies the amount.

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Clinical Remarks at University College Hospital—By GRAILY HEWITT, M. D., F.R.C.P., Prof. of Midwifery and Diseases of Women at University College, and Obstetric Physician to the Hospital.

Excessive Lactation and its Effects.—Many patients suffering from the effects of excessive lactation present themselves in the out-patients' room. I propose to notice some of the facts relating to these cases, and to offer some remarks on the bearings of the whole subject—an important one from whatever point of view we regard it.

The process of lactation constitutes a great drain on the system. A woman in health and of good constitution will suckle her child, and for some considerable time, without experiencing any bad effects; but, under other circumstances, this long-continued supply of food to the infant is productive of very injurious—and not seldom lasting effects on the body and mind of the individual.

The ability to carry on the process of lactation varying very considerably, the symptoms due to over-lactation set in at

very different periods in different cases. Thus, of eight out-patients of the hospital, and whose cases have been taken at random as illustrations, in one the patient applied for relief at five weeks, in a second at two months, in a third at two months, in a fourth at three months after the birth of the child; in the remaining four cases the women had suckled their children for periods respectively of five, thirteen, fourteen, and nineteen months. These figures give roughly some idea of the time when symptoms calling for medical aid are observed.

The actual symptoms of excessive lactation are next to be considered. The account which follows is an abstract of the notes referring to these eight cases.

One of the most constant symptoms is the presence of an aching pain in the back; often pain is felt across the shoulders and on the top of the head or forehead. Great pallidity of the skin is generally observed. A marked symptom is want of sleep; the patient will often tell you she has had no sleep for a week, or, when she does sleep, that she is awakened by frightful dreams. There is marked and great debility. The appearance and expression of the face is peculiar in these cases, sometimes remarkably so; it conveys an idea of intense bodily prostration.

The mental changes are worthy of special note. There is almost constantly extreme depression of spirits; the patient feels as if she had lost all life and energy; she is desponding and miserable. We have before us, in fact, symptoms which are the possible precursors of a malady of great gravity—viz., puerperal mania. Aberration of mind may occur in connection with or as a result of the exercise of the uterine parturient functions at two periods—viz., as the immediate result of the labour, or later, when the system is debilitated by excessive lactation. It is more frequently a result of excessive lactation, and the necessity for recognizing the first symptoms of this disease is obvious, being, as it is, preventable. The mental disturbance now under consideration generally takes on the form of melancholia; the delusions relate mostly to subjects of a religious character. A lady under my care became the subject of a very severe attack. She had suckled her child for upwards of a year, and had most imprudently taken some very long walks with her husband while suffering from menorrhagia. She became excessively weak and ill. Delusions to the effect that she had committed the unpardonable sin, that she could not be saved, and the like, possessed her. This case is an instance of the condition to which a patient may become reduced from the excessive drain of unduly prolonged lactation. The menorrhagia in this instance was due to the excessive lactation.

The headache in cases where the cerebral functions are suffering from the effects of excessive lactation is situated at the top of the head, and it is worthy of note that this spot may be noticed to be perceptibly hotter to the touch than other parts of the head.

In the eight cases forming the basis of these remarks the patients had all presented symptoms indicating want of vital power. The mental symptoms had not in any one of them passed beyond the stage of extreme melancholy. There had been no delusion, but the disease was not less important by reason of this. Some of these had become so reduced that many months will probably be occupied in repairing the mischief which had been done. [Two of the patients who had been some little time under treatment, and who had been greatly benefited, were shown to the class. They still exhibited, though in a less marked degree, the conditions above described.]

The treatment.—To wean the infant is obviously the first indication. When should this be done? We have to consider, it must be recollected, the infant as well as the mother. The infant requires breast-milk for the first month or six weeks. Experience has shown the great difficulty of rearing children from the very first without it; but it is also the result of experience that an infant nourished with breast-milk for that time may afterwards do tolerably well without it. Hence the conclusion, that a mother may pretty safely —for the child—wean it at the age of six weeks or two months. A woman presenting evidence of suffering, such as those above related, should not be recommended to prolong lactation after this period. And in large towns, amongst the destitute classes, this principle appears to be the best that can be laid down. Cases now and then present themselves in which we should hesitate to recommend the process

of lactation to be continued so long as a month or six weeks; there are others in which lactation seems altogether improper from the commencement.

The next important indication is to procure sleep. For this purpose one or two grains of opium may be given at bedtime, and it may be necessary to order the patient ten minims of Battley's solution of opium once or twice during the day. When mania has actually come we rely a great deal upon opium; in the form of the bimeconate of morphia it is very applicable in such cases, and very large doses are required. Not less important is the administration of good food. In most of the cases the subjects of these remarks, the patients had been very insufficiently fed. The diet ordered should consist of the most nourishing and easily-digested food: meat twice or three times a day if it can be taken, or eggs, milk, and beef-tea. Stimulants are required, sometimes in large quantities. In the case of the lady suffering from religious mania the effect of excessive lactation, before referred to, the patient took not only stout in large quantities, but wine and brandy daily, and for a considerable time both during the attack and during the convalescence. The less severe cases must be treated on the same principle.

In all cases where there are any symptoms of mental alienation, or even where the patient is profoundly melancholy, she must be closely watched. Absolute rest must be enjoined. In all cases also, as may be gathered from what has been already said, whether there be signs of mental alienation or not, tonics—iron, quinine, or bark—are indicated.—*Lancet*, July 6, 1867.

HOSPITAL NOTES AND GLEANINGS.

A Large Aneurism of the Right Subclavian Artery, treated by Acupressure on the first stage of the Axillary Artery. Under the care of Mr. Porter, Senior Surgeon to the Meath Hospital, &c.—Patrick G., aged 43 years, a labourer, was admitted into the Meath Hospital suffering from an aneurism of his right subclavian artery. The disease invaded the three stages of the vessel, and presented a tumour about the size of a large duck-egg above the clavicle, filling up the entire space between his collar-bone and the trapezius muscle. It pulsated strongly, had an elastic feel, and showed signs of thinning at one point. A loud *bruit de souffet* was audible in it, extending also to the arch of his aorta. The external jugular vein was much distended above the swelling. He did not suffer from loss of voice or difficulty of breathing. A second aneurism was discovered in his right femoral artery close to, and passing above, Poupart's ligament, towards the external iliac. He had no pain, but complained of numbness in his arm and hand. He appeared to be in excellent health, not in the least degree wasted, and his spirits were good.

He stated that the aneurism had made its appearance fourteen months previously, and had increased gradually in dimensions, until he entered another hospital in March last, where pressure on the tumour was had recourse to. This, he considered, caused the swelling to increase rapidly. As the subclavian aneurism was evidently thinning, and threatening soon to become diffused, or burst externally, Mr. Porter considered his a fair case to give him the chance (although unpromising) of a cure by occluding the artery on the distal side of the tumour. The disease prevented him securing the innominata, or the subclavian, in any of its stages. He therefore decided upon attempting to obliterate the aneurism by placing an acupressure needle under the axillary artery in its first stage for fifty hours. The general tendency to aneurism in his system induced Mr. Porter to prefer giving this mode of closing the vessel a trial, instead of throwing a ligature round it, which might, in the first instance, suddenly cut through the artery if diseased, or, when coming away, be followed by fatal hemorrhage.

June 26th, 1867.—Mr. Porter laid bare the axillary artery in its first stage, after an external incision, four inches in length, extending in a curved direction inwards, from the junction of the deltoid with the greater pectoral muscle, and at a level of half an inch below the clavicle. He then isolated the artery with an aneurism needle, and passed a silver probe slightly bent beneath it, and bridged over the vessel with a loop of wire, after the manner of Sir James Simpson's *third* mode of acupressure. The tumour immediately became reduced one-third in size, and all pulsation in his brachial, and radial arteries ceased. The

patient was then removed to bed, and a small bag of ice applied to the tumour.

28th.—The tumour is reduced very much in size; the pulsation weaker, and the bruit in the aneurism two-thirds shorter. The aortic bruit has almost disappeared.

Half-past three o'clock P. M.—Mr. Porter removed the probe and wire, not a drop of blood followed.

29th.—The tumour is still smaller, and more firm.

Up to the time of receiving this report, the patient has gone on most favourably.—*Med. Press and Circular.*

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Treatment of Fractures of the Neck of the Thigh-Bone.—Mr. Solly, in a clinical lecture (*Lancet*, June 22) upon a case of fracture of the cervix femoris, recently delivered at St. Thomas' Hospital, thus described his treatment. In the first place, he orders the patient to be placed upon the double inclined couch, which he calls from the name of the maker, "Aldeman's couch." "The splint and bandage," he says, "which I always use in these cases, I have found more useful, for several reasons, than the old straight splint. It consists of a bandage made of strong linen, and for private patients lined with silk. It is composed of a well-fitting pelvic bandage and a thigh-piece, with a piece of thick, stiff leather, about the size of the palm of my hand, previously moulded, in a soft state, to catch the trochanter major, stitched in the bandage. There is a strong elastic band connecting the pelvic bandage with the thigh, insuring strength and adaptability. This splint, however perfect it may be, would be of little service if you did not place your patient upon the couch.

I remember when I was attending the lectures of Mr. Abernethy the controversy regarding union or non-union of fracture of the neck of the thigh-bone was at its height; and as I had already listened to the excellent lectures of Sir Astley Cooper, I was not ignorant of his views and arguments regarding this sad injury. Johnny Abernethy, as we used to call him in those days, said, 'No, gentlemen, fractures of the neck of the thigh-bone never have united yet, and never will unite until surgeons fix the pelvis as well as the thigh. It is no use putting a splint upon the thigh when the pelvis remains unfixed. Every time the bed-pan is thrust under the bottom of the patient his pelvis, with the head of the femur closely attached to the socket, is jerked up, and the rest which is essential to the formation of the uniting callus is prevented.' I soon discovered that the only way in which you can fix the pelvis is to place your patient on a bed with a hole in it opposite the anus, under which there is a movable bed-pan. Then you may confine the pelvis to that spot by means of a broad pelvis strap. This arrangement is best carried out by means of the couch I have mentioned, and thus only I believe is Abernethy's objection got over, and the fractured surfaces secured in apposition with any certainty."

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Inflammation of the Knee-Joint treated by Ligation of the Femoral Artery.—Some days after the knee-joint of a man, aged thirty-three, had been opened by a lacerated wound, he was brought into the London Hospital, where Mr. Little (at the suggestion of his colleague, Mr. Maunder) tied the femoral artery to stop acute inflammatory action, which had attacked the limb both within and without the joint. Thirty days have elapsed since Mr. Little applied the ligature at the apex of Scarpa's triangle, and the case has hitherto progressed most satisfactorily. The ligature came away on the 19th day. Mr. Maunder proposes also to ligature the brachial artery in cases of acute inflammation of the palm of the hand.

[Ligature of the femoral artery is by no means devoid of danger. It appears from Dr. Geo. W. Norris' statistics of this operation (*Am. Journ. Med. Science*, Oct. 1849) that of 204 cases, 50 proved fatal, and 6 of those who recovered underwent amputation in consequence of gangrene of the limb.—Ed. Med. News.]

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Punctured Wound of the Knee-Joint, treated by the Application of the Tourniquet to the Femoral Artery.—Dr. Arthur Jackson, Surgeon to the Sheffield Public Hospital, &c., reports, in the *Lancet* (June 29, 1867), the following case:—

I was sent for on February 11th to see a boy aged sixteen, healthy and well-developed, whose left knee-joint had been punctured with a long nail two days previously. When I saw it, there were the usual signs of synovitis, intense pain in the joint, rendered agonizing by the slightest movement,

while the proper outline of the joint was completely altered.

I put the joint completely at rest, and applied a cold evaporating lotion, giving my patient opiates every night and aperients when necessary. The inflammation became intense, and I began to fear that it would terminate in suppuration.

A case which I had seen at the Infirmary a short time previously, in which Mr. Brown, the house-surgeon, had tied the radial and ulnar arteries for hemorrhage from a wound attacked by sloughing phagedena, followed by the immediate arrest of the phagedena, induced me to try the effect of lessening the supply of blood to the knee-joint. I applied the tourniquet to the femoral artery, and kept it applied for more than forty-eight hours, when I was compelled to take it off in consequence of my patient being unable to bear the pressure any longer. *Post hoc*—it would be presumptuous in me to say from one case, *propter hoc*—I was delighted to find the inflammation subdued and the swelling gradually decreasing.

The advantages that I claim for this mode of treatment over ligature of the femoral artery are—

(1) The use of a tourniquet, if properly applied, is not at all dangerous.

(2) That the part is not suddenly deprived of blood, and has not to wait for a proper supply of blood till the collateral circulation is established.

(3) That ligature of the femoral artery is a serious surgical operation, occasionally followed by gangrene.

The only disadvantage in the use of the tourniquet appears to me to be the possibility of the venous return being obstructed. If the tourniquet is properly applied at the commencement, and its management left to one surgeon, I believe this will very rarely be the case. I have seen numerous cases in which pressure from the tourniquet has been unbearable; but I think this was due in a very great measure to the fact that more than one surgeon has had the management of the tourniquet. I believe there are few subjects who will not bear the application of the tourniquet for twenty-four hours at least, and the consequent diminution of the calibre of the arteries will cause an equal diminution in the supply of blood to the part after the removal of the tourniquet.

Should I get any more cases of punctured wounds of any joint, or cases of malignant disease in which removal is contra-indicated, I shall certainly try the effect of pressure upon the main artery.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Treatment of Aneurism of Subclavian Artery.—Dr. Markoe, in the course of some remarks upon this subject, before the New York Pathological Society (*Medical Record*, July 15), said he did not believe that it was sound surgery ever to put a ligature on the subclavian in the first part of its course, as there was not room for a clot to form, on account of the return current through the vertebral, and in every case where death had occurred from hemorrhage it had been from the distal side. He had determined in his own mind, if ever the opportunity offered, to apply in a similar case a ligature to the innominate near its bifurcation, and also one upon the common carotid, just above its origin. He believed that this was the only operation on subclavian aneurism which promised success. Dr. Mott, in his history of the operation on the innominate, makes the same suggestion.

Death from Chloroform.—Dr. B. E. Cotting relates the following case (*Boston Med. and Surg. Journal*, July 18): A married woman, aged 21 years, complained of headache. She locked herself in her room and was found some hours after dead, with her head resting upon her hands, which retained a folded cloth and a sponge in contact with the nostrils and mouth. She had been dead some hours, and the rigor mortis was marked. The face was livid and a little fluid was oozing from the nose and mouth. A half-ounce vial, containing a little chloroform, was found in her bosom. The vial was recognized as having come from an apothecary who had sold one-half ounce of chloroform to a woman the day before whose appearance corresponded to that of the deceased. The chloroform was inhaled to relieve pain, the woman being in the habit of frequently using it for that purpose.

Massachusetts Medical College.—At the annual commencement, held on the 17th of

July, the degree of M. D. was conferred upon 33 candidates.

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University of New York—Medical Department.—Dr. Martyn Payne, who has long held the Professorship of Materia Medica in this school, having resigned, Dr. W. H. Thomson has been appointed to fill the vacated chair.

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Mr. Hoff and the N. Y. Academy of Medicine.—At the last meeting of the Academy of Medicine, the following resolutions were unanimously adopted:—

Whereas, W. L. Hoff, proprietor or agent of the "Hoff Malt Extract," is issuing publications through the secular papers, and by means of pamphlets and circulars, professing to quote favourable opinions expressed in a report of a committee of the Academy;

And, *whereas*, the said Hoff is widely circulating a letter purporting to have been written by a Fellow of the Academy;

And, *whereas*, the publications of said Hoff are so adroitly and designedly worded as to impress the mind of the reader with the belief that the Academy has indorsed his nostrum, and has thus apparently compromised its dignity and professional standing—Therefore,

Resolved, That the N. Y. Academy of Medicine does hereby proclaim and declare that it has not expressed any opinion in regard to "Hoff's Malt Extract," and that any and every use of its name in recommending said Extract is unauthorized by the Academy.

Resolved, That a copy of the above preamble and resolutions be sent to the Medical journals of this city, and that the Medical journals throughout the country be requested to copy the same, in justice to the Academy and the profession.—*Medical Record*, July 15, 1867.

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Obituary Record.—Died, in Brooklyn, N. Y., June 16, 1867, Robert O. Abbott, M.D., Brevet Col. and Surgeon U. S. A., aged 43 years. Dr. A. was a highly intelligent and useful officer, and the service has met with a serious loss in his death.

——, June 2d, of typhus fever, in the 66th year of his age, Dr. S. Pomroy White, of New York.

——, June 23d, at Providence, R. I., of apoplexy, Dr. Samuel Boyd Tobey, aged 61 years.

FOREIGN INTELLIGENCE.

Deaths from Chloroform.—On Saturday last an inquest was held on the body of George Gillard, who died in the Taunton Hospital, after having had chloroform administered to him. It was proved that death resulted from syncope, caused by the chloroform. The jury completely exonerated the medical attendants from blame.—*Lancet*, May 11, 1867.

An inquest was held on the body of a little girl, aged 9 years, who died in University College Hospital from the effects of chloroform given to facilitate the operation for the cure of strabismus. The chloroform was administered with due precaution by the acting physician's assistant, but after the inhalation of a drachm and a half, the pupils dilated and respiration ceased. Artificial respiration was at once employed, but death occurred about two hours subsequently. The jury returned a verdict of "Death under the administration of chloroform through misadventure."—*Lancet*, June 1, 1867.

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Digitolis as a Cure for Rheumatism.—M. Oulmont read at the last meeting of the Section of Therapeutics in the Academy of Medicine a paper "On the Therapeutical Applications of Digitalis." He has administered this substance in a great number of febrile affections, and especially *acute rheumatism*. In this last disease its action is manifested by characteristic phenomena. At the end of from thirty-six to forty-eight hours the pulse and temperature are lower, and towards the third day, and generally the fourth, nausea and vomiting ensue. By this time the pulse has diminished by twenty or thirty beats, and the temperature is 1° or 2° C. lower, the rheumatic symptoms gradually disappearing, and sometimes doing so with surprising rapidity. A cure may be effected in five or six days, but ordinarily in from twelve to fifteen days—that is, when the rheumatism is free from serious complications. In patients exhibiting diatheses, or in whom it has already occurred before, rapid cure is rare, the disease resisting, and the relapses, over which the digitalis exerts no action, being more or less frequent. M. Oulmont concludes that the digitalis exerts its influence on the "febrile elements," the disappearance of which may

be accompanied by that of the disease; but that upon the "rheumatismal element" it exercises no effect. He has never met with cardiac complications among his patients, while old heart affections have been ameliorated. While delirium and other cerebral phenomena have not been unfrequently present, these accidents have always promptly disappeared. The urinary secretion has not increased. The dose administered has been the same in all the cases—viz., a spoonful every hour of an infusion made of 1 gramme of powdered leaves to 120 grammes of sugared water.—*Medical Times and Gazette*, April 27, 1867.

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Traumatic Tetanus caused by Hypodermic Injection.—M. Arnold, a military surgeon at Constantina (Algeria), lately published several cases of ague cured by hypodermic injections of sulphate of quinia. These cases have been commented upon by Prof. Fonssagrives, of Montpelier, who warns the profession as to the possibility of tetanus being induced by such injections. The professor mentions two cases—a child and an adult—who both died of traumatic tetanus after hypodermic injections of sulphate of quinia dissolved in water and a little sulphuric acid. Both patients were suffering from ague. A third case has been observed at New Orleans, in a young Swiss, who died of tetanus two months after having submitted to hypodermic injection for intermittent fever. The puncture, made over the deltoid, had turned into an ulcer.—*Lancet*, July 6, 1867.

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Liquor Ammoniæ in Traumatic Tetanus.—The *Bulletin de Thérapeutique* puts some reliance on a case of recovery by ammonia in the practice of Dr. Charbonnier, who had treated seven other cases by various means without success. In the case which recovered, six drops of liquor ammoniæ were given every half-hour, and the patient was well on the fifth day. A single case, however, is not sufficient to establish the practice.—*Ibid.*

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Umbilical Hernia.—M. Demarquay, of Paris, had failed twice in strangulated umbilical hernia of large size, by making a very small incision in the constricting ring. He resolved, in a third case, where the intestinal mass was voluminous, to open the sac just enough to pass the finger. Upon the latter, he incised the ring to the extent of half an inch, and made no attempt at reduction. The protruded mass gradually collapsed, the bowels acted (by means of small and repeated doses of opium), and the herniated tumour, which at the time of the operation was the size of two fists, became at last reduced to the size of a hen's egg.—*Ibid.*

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New Treatment for Opacities of the Cornea.—Dr. De Luca, of the Incurabili Hospital at Naples, has communicated to the Academy of Sciences a paper detailing his mode of treating opacities of the cornea. Very dissatisfied by the effects of their treatment by alcoholic and tannic substances, which coagulate albuminoid substances, and often do more harm than good, after numerous trials of other substances he has found in the sulphate of soda a substance which has the power of removing corneal spots in an almost incredibly short space of time. M. De Luca was led to experiment with this reagent from the circumstance that it maintains the fibrine of the blood in a state of solution. In his first trials he employed a saturated solution of the sulphate in distilled water, dropping this several times a day upon the ball of the affected eye, and the result was that after some days' treatment the opacity was to a considerable extent diminished. It then occurred to him to try the sulphate in the state of fine powder. On using it in this condition, applying the powder to the globe twice a day, the patient's head being nearly in a horizontal posture, so that the powder may become dissolved by means of the liquids of the organ, a more decided result was obtained. In one instance, a patient who had been previously almost completely blind, regained a certain amount of distinct vision. These results are, if true, exceedingly remarkable.—*Med. Times and Gaz.*, June.

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The Diagnosis of Ovarian Disease.—M. Béhier showed, the other day, a curious tumour at a meeting of the Academy of Medicine at Paris. It was formed by an enormously dilated kidney, in a woman of sixty-four, where ovarian disease had been supposed to exist. She had been tapped twice, and a chocolate-coloured fluid escaped each time. The woman died of erysipelas, which had attacked one of the

punctures. On a post-mortem examination, the ovaries were found quite sound, and one of the kidneys had been transformed into the enormous sac mentioned above. Two calculi, situated at the junction of the ureter with the bladder, had given rise to this gigantic dilatation. M. Béhier concludes that we should not be in a hurry, in case of doubtful diagnosis, to perform ovariotomy.—*Lancet*, July 6, 1867.

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Epidemic Cerebro-Spinal Meningitis.—This disease has prevailed lately in Dublin to some extent, and its nature has given rise to much discussion, while the profession has been sorely exercised to designate it by a proper name. By some it has been termed "black death," by others "febris nigra," "purpuric fever," "purple fever," "febris scorbutica," "malignant purpuric fever," "cerebro-spinal fever," "spotted fever," &c. &c. &c. A number of cases have been reported to the Royal College of Surgeons of Ireland, and the subject has been very learnedly and candidly discussed by its Fellows, and notwithstanding the contrariety of opinion expressed as to the nature of the disease, we think that no doubt can be entertained as to its identity with the epidemic cerebro-spinal meningitis well known in this country.

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Dr. Marcet's Process of Artificial Digestion.—We would direct the attention of our readers to a pamphlet by Dr. Marcet which, like everything emanating from the same source, contains matter well worth general attention. Dr. Marcet first alludes to the importance of supplying nourishment in sufficient quantity to the system in cases where, from some peculiarity, the stomach is incapable of fulfilling its functions aright. Beef-tea and milk are often the only articles of diet the stomach will bear, and even the latter frequently disagrees, whilst beef-tea alone does not supply sufficient pabulum. It therefore struck Dr. Marcet that the process which naturally goes on in the stomach might be imitated artificially, and so supply the food in a partially digested condition. He, accordingly, took hydrochloric acid and some pepsine, added these along with water to a quantity of meat, allowing the whole to simmer over a water bath at about the temperature of the body. When the meat was sufficiently broken up, it was strained and the acid neutralized by carbonate of soda, when it was ascertained that the product was of a most agreeable character, easily digestible, and containing a vast deal more nourishment than common beef-tea. The proportions he recommends are 58 grains of hydrochloric acid, sp. gr. 1.1496, in a pint (20 oz.) of water, with 15 grains of Boudault's pepsine, and 81 grains of bicarbonate of soda to a pound of meat (weighed raw), the chemicals costing about sevenpence. Where pepsine is unattainable, strips of calves' stomachs answer very well, or we do not see why the rennet prepared from it and used for curdling milk should not be employed. The food thus prepared keeps well until neutralized, but not so well afterwards. One point to be noticed is that no metallic vessel should be used in the process, lest the acid act upon it, but for full particulars we must refer our readers to Dr. Marcet's little work.[1]—*Medical Times and Gazette*, June 8, 1867.

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Iridectomy.—The *Gazette des Hôpitaux* states that M. Houel, a hospital surgeon, tried this operation five times in cataract extraction, and failed in every instance.

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Ovariotomy in France.—This operation has been performed five times in Paris since January last, by several surgeons, among whom is M. Nélaton: two in the hospitals and three in private practice. Three patients died and two recovered.

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Civiale's Collection of Calculi.—At a late meeting of the French Academy, the veteran Civiale exhibited his collection of urinary calculi, obtained from 2700 patients, operated on at various periods since the year 1824, of which 1600 had been submitted to lithotrity. The paper accompanying the collection is of the highest interest, since it contains the generalizations of a careful observer, who has both physically and chemically examined an immense and varied series of urinary concretions. M. Civiale dealt with the various forms of calculi, and especially directed attention to the hardness, consistency, and internal molecular constitution of calculi. This method of study he considered of the utmost importance, since, without an intimate knowledge of the nature of a concretion, the lithotritist

[1] "On a New Process for Preparing Meat for Weak Stomachs." By W. Marcet, M. D., etc. London: John Churchill and Sons.

labours under many disadvantages, and may lose much time in performing an operation. After dealing with the ordinary forms of calculus, M. Civiale proceeded to the unusual varieties. Of these he says there are the following: Conical, pyramidal, triangular, cubic, square, tetrahedral; calculi resembling a mushroom, a heart, and a brain. —*Med. Times and Gazette*, June 8, 1867.

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Decrease of Life-Value in England.—It is not quite satisfactory to find, from a comparison of the two earlier English life-tables with the latest, which has just been elaborately calculated by Dr. Farr, that the probabilities of duration of life at every age have decreased between 1841 and 1854, the latest year to which the calculations extend. This decrease is greatest at the ages 20 to 50—the most active and busy period of existence. We shall, says Mr. Rumsey, to whom we owe this analysis, anxiously watch for a fourth life-table, extending the period of observation to 1864. If the late apparent fall of the vital barometer continue in England, notwithstanding sanitary reform, we must cast about for some clue to the mystery.—*Brit. Med. Journ.*, March 23, 1867.

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Artificial Essences for Adulteration.—The Paris Correspondent of the *Laboratory*, writing about the chemical products of the Paris Universal Exposition, states: "On examining the cases of certain firms, whose names we withhold for fear of incurring the penalty of several actions for libel, we find exhibited such compounds as the artificial essences of sherry, port, gin, rum, cognac, arrack, madeira, moselle, etc. Now, these essences can only be used for the purpose of swindling the public, by enabling fraudulent publicans and grocers to manufacture those pernicious compounds with which the poorer classes of Her Majesty's subjects are slowly poisoned. In the Exhibition of 1862, a sensation collection of substances used for adulteration was displayed in the food department, terrible examples of what manufacturers were capable of; but in 1867 we improve on it by allowing the manufacturers themselves to exhibit the adulterants most in vogue. No doubt, on examination we shall find Mr. Casely, the burglar, exhibiting his safe-breaking tools, and humbly endeavouring to earn a medal. A few forged bank-notes or cheques might possibly merit the commendation of the jury for the liberal arts, and some electro-plated shillings and sovereigns might divide the palm of excellence with the noble productions of Messrs. Elkington and Co."

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Test for Glucose —Braun uses a solution of picric acid in 250 parts of water. The glucose solution, containing a little caustic soda, is heated to 90°, a few drops of the picric solution are added, and the whole raised to ebullition; the presence of glucose is indicated by a blood-red colouration, due to the production of picramic acid. Cane sugar does not produce this change.—*Am. Journ. Sciences and Arts*, March, 1867, from *J. pr. Ch.* XCVI. 411.

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Test for Bile in the Urine.—Cunisset (*Journal de Chemie Médicale*, Jan. 1866) proposes the following test for the presence of bile in urine. Add to urine in a test tube one-tenth of its bulk of chloroform, and shake; if the mixture becomes yellow, bile is present, and if it be allowed to stand, the chloroform sinks to the bottom, taking the colouring matter of the bile with it. This test has evidently been suggested by Brücke's method of separating the brown colouring matter of the bile; he pointed out, a good while ago, that if bile be shaken with chloroform it becomes yellow, and on standing the chloroform sinks to the bottom, drawing the biliphaeine with it.—*Journ. of Anat. and Phys.*, Nov. 1866.

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M. Nélaton —On the day after the election of this eminent surgeon to the seat made vacant in the Academy of Sciences by the death of M. Jobert de Lamballe, he received the cross of Grand Officer of the Legion of Honour from the hands of his young patient, the Prince Imperial.

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Chair of Anatomy in the University of Edinburgh.—Dr. Turner, Demonstrator of Anatomy, has been elected to this chair as successor to the late Prof. Goodsir.

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The Hurdwar Cholera Pilgrims.—Our Indian correspondent writes to us (*British Med. Journ.*, June 8): the returning Hurdwar pilgrims seem to be carrying with them the cholera poison in all directions. Up to the 19th of April, 269 cases had occurred amongst the pilgrims between Jugadree and Umballa, of which 104 were fatal; 34

cases, of which 15 were fatal, in the camp of the Maharajah of Cashmere, and a few cases in Kurnaul. On the 20th, two cases occurred amongst natives in the Umballa cantonments, and many deaths among the pilgrims, who continue to stream in vast numbers in the Umballa district; 11 cases had occurred in Loodiana. A letter from Umballa states that, despite every precaution to keep the Hurdwar pilgrims out of the station by means of a cordon of police, and troopers of the 11th Bengal Cavalry, two pilgrims managed to get into the bazaar of H. M.'s 94th Regiment, in consequence of which, some thirty cases have occurred amongst natives in the bazaar. Two soldiers of the 94th have died, and one officer—Lieutenant Mercers. Dr. Stoney is very ill, and Drs. Turner and Page ailing. The regiment has been moved into camp—almost every one has left the station for Simla. As is very justly observed in the *Med. Press and Circular*, there is neither principle, policy, nor prudence in the religious toleration which brings us such results as these.

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An Ingenious Bullet Detector.—A very ingenious piece of mechanism for the detection and extraction of bullets in wounds has been devised by Mr. Sylvan De Wilde. It seems that at the time Garibaldi was suffering from the effects of an undetected bullet in his limb, and pained by the fruitless efforts of operators to detect it, it occurred to several individuals of a philosophic turn of mind that electricity might very well be employed in the detection of metallic substances lodged within the human tissues. There is this manifest advantage, that the structures of the body are non-conductive—a fact that renders the action of the electric current more perfect.

Mr. De Wilde has apparently produced the most practical result; and his instruments have been submitted to the naval and military authorities, who have made a complimentary report about them. The apparatus consists of a probe and forceps, a battery, and an alarum, contained in a box eleven inches long by three broad, and two inches and a half deep. The elements for the generation of a current, which remains constant for some weeks, are zinc and carbon. The probe, consisting of two steel wires, insulated from each other, is connected with an electric horse-shoe magnet and a bell, and when (introduced into the wound) it touches the bullet the circle is completed, and the bell rings. The forceps act on the same principle, and are intended first to detect, then to seize, the bullet. They have curved points, and not pallets or spoons. The points of the probe are kept sheathed on introduction to a wound, and not uncovered till the supposed bullet is felt. This is effected by means of a sliding tube. The advantages of Mr. De Wilde's probe over others of its kind are very marked, and the army and navy officers will no doubt find it a great aid. The probe is a sensitive artificial finger, which enters deeply into the tissues, and gives the signal at once when it detects the hidden source of mischief below. —*Lancet*, May 11th, 1867.

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Sound made Visible.—At the Royal Institution on Friday evening, the 21st inst., Professor Tyndall repeated some of those interesting and instructive experiments by which he has on previous occasions given ocular proof of the effects of sonorous vibrations. When a jet of gas is burning under an amount of pressure which is but just short of the "flaring"-point it becomes excessively sensitive to a momentary increase of pressure, and will respond in the readiest manner to the slightest acute sound, vibrating actively to the merest "chirrup" of the lips. A still more remarkable demonstration was made with a thin column of smoke, of which the shadow was cast on a screen by means of an electric light; here the smoke became so sensitive that the slightest vibration of the air affected it, and two tuning-forks making a discord produced the well-known beat, which was attended by a marked pulsation of the edges of the shadow. Perhaps the most beautiful ocular demonstration of the effect of sound was produced by throwing the electric light through a minute stream of falling water, the effect being to produce a string of glittering drops of the most brilliant appearance. When musical notes were sounded in the vicinity, these drops altered their arrangement in obedience to the waves of sound, and clearly indicated by their modified appearance the effect produced upon them.

Among other interesting experiments exhibited by Professor Tyndall was the one originally devised by Faraday, of magnetizing a beam of light. This beautiful delicate operation consists in sending a beam of polarized light through a bar of "heavy glass" placed in the line of force between the poles

of a powerful electro-magnet, after having passed it through plates of right and left-handed quartz in juxtaposition, which are adjusted in position so as to give the "sensitive" tint. The phenomenon is very remarkable when this is submitted to the action of the magnetic current: and the effect of the reversal of the current is to reverse instantaneously the order of the colours of the spectrum produced, thus demonstrating the rotation of the polarized beam when under the influence of magnetic energy.—*Lancet*, June 29, 1867.

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Obituary Record.—Died, in Paris, May 21st, of enlargement of the heart, aged 44, M. Follin, President of the Société de Chirurgie of Paris, Assistant Professor at the Faculty of Medicine, for two years official lecturer on Ophthalmology, and for several years one of the editors of the *Archives Générales de Médecine*. He had just published the first volume of a System of Surgery, was the author of the best modern French Surgical Pathology, and other works of great merit, enjoyed an extensive practice, and was regarded as one of the most zealous labourers in our science, and as one of the most promising professional men of Paris. His death is universally regretted by those who knew him.

——, June 13th, suddenly, aged 75, M. Civiale. This eminent surgeon was the first to perform lithotrity on the living person, and is well known by his numerous and most valuable works on diseases of the urinary organs, and by the skill which he displayed in lithotrity.

——, June 23d, at 8 A.M., aged 66, after many months of great suffering from cancer of the stomach, M. Trousseau, the acknowledged head of the French medical profession. To the last, says the *Lancet*, he preserved all his lucidity of mind, and whilst all around him were overwhelmed with grief he was full of peace and resignation. Contemporary medicine has lost in M. Trousseau one of its most eminent representatives. Endowed with the highest abilities and the most varied aptitudes he had risen to the loftiest distinction in the different pursuits and avocations to which he had applied himself during the course of his brilliant career. His fame was equally great as a professor, as a writer, as an orator, and as a physician; none who have had occasion to hear either his lectures at the Hôtel Dieu, or at the Faculty, and his harangues at the Academy of Medicine, will ever forget the richness and happiness of expression and the artistic arrangement of words and ideas with which he invariably seduced and captivated his audience.

Thus disappear, one after another, men who have shed lustre on the Faculty of Paris: Chomel, Rostan, Jobert de Lamballe have passed away; and, from that splendid phalanx of eminent professors who have spread the fame of the Paris School far and wide, only two still active and energetic men are left, Velpeau the surgeon and Bouillaud the physician. Andral and Cruveilhier work no more, but are resting upon their well-earned laurels; whilst Rayer somewhat holds his ground in spite of age, displaying at times considerable energy where works of benevolence are concerned.

The death of M. Pelouze, the well-known French chemist, has recently been announced. This distinguished savant was favourably known from his valuable contributions to science. He was a pupil and afterwards assistant to Gay-Lussac, and took part in the principal discoveries of his illustrious master. He has published numerous memoirs in connection with chemistry, and has written, together with M. Frémy, a large treatise on that subject in six volumes, which has deservedly become a standard book on this subject.

Just as this sheet was going to press we received the sad intelligence of the death from paralysis of Sir William Lawrence, the veteran Serjeant-Surgeon to the Queen and Surgeon to the Royal Hospitals of St. Bartholomew and Bethlem, which event occurred at his residence in London, July 5th, at the mature age of 83.

The profession mourns the loss of another of its most distinguished members. Sir William was an earnest worker in his particular field, and the results of the labours of his philosophical and at the same time eminently practical mind he has happily placed in permanent form for the benefit of the scientific student.

His *Lectures on Zoology and the Natural History of Man*, his various publications on *Surgery*, and his *Treatise on Diseases of the Eye* bear witness to his scholarly attainments as an author, to his elegance and purity of diction as a writer, to his fidelity and earnestness as an investigator, and to his sound judgment and skill as a practitioner.

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It is in the combination of these qualities—clear and vivid expression, with thorough scientific knowledge and practical skill—that his sucess as a teacher or literary expositor of the medical art consists; and the volume before us is a better illustration than its author has yet produced of the rare degree in which those combined qualities are at his command. Next to the diseases of children, there is no subject on which the young practitioner is oftener consulted, or on which the public are more apt to form their opinions of his professional skill, than the various phenomena of indigestion. Dr. Chambers comes most opportunely and effectively to his assistance. In fact, there are few situations in which the commencing practitioner can place himself in which Dr. Chambers's conclusions on digestion will not be of service.—*London Lancet*, February 23, 1867.

This is one of the most valuable works which it has ever been our good fortune to receive. It is not one of those disagreeable, stupid, and intolerable volumes, consisting of a set of long-winded dissertations on some special disease. We regret that we have no more space for extracts, but we have said enough to prove to the profession that here, at all events, is a work worth reading, not with the careless inattention that a great number of medical and surgical works deserve—if they deserve even that—but with diligent and painstaking study, as being a record of experience that will act—to any one who has the common sense to practise up to it—as a key to disease, and as a charm wherewith to chase away disease, and restore, under God, our patients to their pristine vigor.—*London Medical Mirror*, Feb. 1867.

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CLINICS.

CLINICAL LECTURE.

Clinical Lectures on the Various Risks of Operations.—By JAMES PAGET, F. R. S. (delivered at St. Bartholomew's Hospital).

LECT. I. Pt. I.—Students are always warned against a devotion to the operating theatre. And there is some wisdom in the warning; and it is very generally neglected. The reasons for liking to see operations are so many and strong, and, for the most part, so bad, that it is useless to argue against them. I will therefore try to turn to good use your taste for operations, by trying to provoke you to study a subject connected with them which is not less important than the art of operating—the subject, namely, of the influence of various conditions of patients on the consequences of operations performed on them. You hear me talk in the wards of bad and of good subjects for operation, and of greater and less risks of life; and in one case I express fears of the effects of shock; in another, of erysipelas; in another, of slow and imperfect healing; and you may fairly ask to be taught what, in all these matters, I profess to know or believe. In this and some following lectures I will try to teach you: not because I can tell you more than is known by most of those who are largely engaged in surgery, but because I cannot refer you to any book in which you may learn nearly so much upon the matter as you ought to know.

The average risk of life from the effects of any surgical operation may be estimated from tables such as are published in our hospital reports. And, if an operation be frequently performed, the variations of its risk in each sex, and at different times of life, may be similarly estimated as averages.

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But it is not within the capacity of tables to supply the means of reckoning the variations of risk dependent on the great variety of personal conditions that we have to do with among the sick. Tables cannot yet tell the several or united influences of differences of constitution, of sound or unsound health, of diseases of internal organs, of race and temper and habits of life. Yet the question of the safety of an operation may turn on these very things. And not only of its safety, but of its utility; for there are some cases in which operations are improper, not because of the risk of life, but because the patients have such peculiarities of constitution, that they would suffer more pain, or loss of time or of health, from an operation than even the cure of their disease would justify. In short, you will find that, if you are to do more good than harm by operative surgery, you must acquire skill in detecting, and, if possible, amending, the defects of health which make operations unsafe or unsatisfactory.

Now, first we ought to have a good standard of health to which we might refer as the fittest for bearing operations. Such a standard is not to be found among those who, on some reckonings, might be taken for models of health—those, namely, who have excellent health for either pleasure or an active working life. These are not the best for recovery from operations. Amputations for injuries of limbs, which are, of course, performed for the most part on persons injured while in good health, are about twelve per cent. more fatal than similar amputations for diseases. And the apparent disadvantages of full health which this fact illustrates are to be seen not only in the greater mortality of similar operations, but in the manners and rates of healing of those who recover. You may see two amputations done on the same day; one, say, on a strong man whose limb has just been crushed; the other, on a man utterly enfeebled by old disease of a joint. And then you may not rarely see that the healing of the strong man requires a much longer time, and is interrupted by many more untoward events, than that of the weak one.

Do not let me, however, seem to imply by these facts that health is, in itself, a worse condition than disease is for recovery from injuries. It is far more probable that the comparative ill-doing of the healthy is due to their circumstances. They have to bear the shock of the injury as well as of the operation; their mental distress is much greater than that of those who are relieved from disease; they are subjected to a great and sudden change of habits, and have to give up many of the customs by which they sustained the health that was fit for pleasure or for work. Especially, they have to give up the active mental and bodily pursuits in which they excreted largely the large refuse matter of their foods and tissue-waste.

But, however this may be, they from whom we might take standards of health for some purposes do not supply such standards for studying the consequences of operations. Where then shall we find the lowest rates of mortality and other mischiefs? Perhaps you may find them in a class whom you may often study here. We have a large number of printing-offices in the neighbourhood of the hospital; and every office employs many boys from twelve to sixteen years old; and hardly a week passes but we have one or more of these boys brought in crushed by the printing machines. Fingers, hands, and arms are thus mutilated; and I know no class of patients that recover more remarkably. Not only do they not die, but their wounds heal steadily and quickly; they escape erysipelas and spreading suppurations and secondary hemorrhages; and, often, when, to save any piece of a hand, we leave bits of skin that seem as if they could not live, they yet do live and grow good scars.

I know no class of persons who are better subjects for operations than these boys. As Mr. Callender has pointed out, our success with them brings us the credit of a very low rate of mortality in amputations of the upper extremity. You may, however, find individuals, whom I cannot classify, who do bear operations even better. For operations in boys are commonly followed by very sharp traumatic fever, which wastes and weakens them, though it rarely does more harm. But occasionally one meets with a patient in whom even a severe operation is followed by neither fever nor any other trouble whatever. I can give you no exact general description of such patients, but I believe you will find them among those who, except for some local disease requiring the operation, are of sound health, and whose disease, without disturbing their natural tranquillity of mind and constitution, has induced them to live as invalids, care-

fully and very temperately, never exhausting themselves. They are naturally cheerful, healthy persons, to whom an operation brings no great change of habits, but promises release from great unhappiness.

It may be only by a chance coincidence, but certainly I have found a considerable proportion of these tolerant patients among the subjects of cancerous and recurrent tumours.

Taking these as the best subjects for operations, and believing that the best possible recovery is one in which the wound heals without inflammation and without fever, we may speak of others as good, or not bad, or bad, or very bad—terms too ill-defined indeed, but as accurate as any knowledge of mine will justify me in using.

Among the various differences of patients, difference of age is probably that with which we may connect the most regular average difference in capacity to bear operations. I believe that after two or three years old, the increase of age is attended with a proportionate increase of liability to death and other ill consequences of operations. Our hospital reports and all similar tables will show you this; but there are many things within the general rule that you should learn.

Young and healthy children are chiefly in danger through the shock of operations, and they bear pain very ill—it adds much to the danger of the shock. But if the shock and pain be well passed, they are in less risk than older patients. Especially, they are singularly little liable to pyæmia after wounds—a strange contrast to their liability to it in association with acute necrosis.

But the chief interest in connection with age is in the cases of old persons, for among them are patients in whom nearly every risk of operations rises to its maximum. Nor will this seem strange if you consider how many disadvantages for the bearing of injuries old age brings with it. The longer a man lives after middle age, the more likely is he to have some organic disease, the more certain is he to have many degeneracies. Hence, to name but one source of trouble, the tardy circulation, and the various congestions due to mere sinking of the blood, not in the lungs alone, but in the liver and intestines and all other dependent parts—facts to be much considered in regulating the postures of old people after operations. But the extreme of unfitness for injuries you may see in some of the poor old creatures on whom we are forced by glimmers of hope to operate for hernia. They are so near death that, temper it as we may, the least shock kills them.

But among the old there are even greater differences than among the younger in the ability to recover from operations; and age, if reckoned by years, is not the only thing in them that we must estimate. Years, indeed, taken alone, are a very fallacious mode of reckoning age; to a practised eye, looks are much less deceptive. Even among those old patients to whom you cannot impute disease you may easily, by their appearances, mark out some groups very different in their bearing of injuries. They that are fat and bloated, pale, with soft textures, flabby, torpid, wheezy, incapable of exercise, looking older than their years, are very bad. They that are fat, florid, and plethoric, firm-skinned, and with good muscular power, clear-headed, and willing to work like younger men, are not indeed good subjects for operations, yet they are scarcely bad. The old people that are thin and dry and tough, clear-voiced and bright-eyed, with good stomachs and strong wills, muscular and active, are not bad; they bear all but the largest operations very well. But very bad are they who, looking something like these, are feeble and soft-skinned, with little pulses, bad appetites, and weak digestive power, so that they cannot, in an emergency, be well nourished.

I have said that all the risks of doing badly are at their maximum in some among the old; but these are some of the risks for which they will always need your especial care. The old are, much more than others, liable to die of shock, or of mere exhaustion within a few days after the operation. They bear badly large losses of blood and long exposure to cold, or sudden lowering of temperature, or loss of food. Large wounds heal in them lazily; and hence a prolonged liability to secondary hemorrhage and other mischiefs of open wounds. Their stomachs, too, are apt to knock-up with what may seem to be no more than necessary food, though indeed it often is so; for many old people are in less peril with a scanty diet than with a full one. Their convalescence is often prolonged; and you may expect to meet sometimes with great disappointment in having your old patients die with some slight casual disease, as if

exhausted by the long expense of vital power in healing large wounds. They get all but well; and then, after seeming for some time stationary, they fade and waste and die. They fulfil what I have often told you of the diseases of the aged: that there are some to whom convalescence is more dangerous than disease.

These special dangers of the old will themselves suggest to you some special cares for them. You must choose for them, if you can, short and gentle operations; and be sparing of hemorrhage; and make wounds that may not lead to long suppurations. You must keep them warm, and not feed them beyond their real necessities, nor keep them long recumbent. Your cares must be doubled when your operations are on the lower limbs, or the lower part of the trunk, or on the back; for in operations on these parts the risks, both local and general, are much greater than in the parts above the heart.

In saying these things about the old, I have had in view only those patients who may call themselves "well for their age," and in whom you may find no signs of disease. Infirmities they have—degenerations and decays accumulated and perhaps premature, yet not diseases. Now let me add, that of all the conditions of disease or imperfect health of which I have next to speak as influencing the results of operations, there is no graver complication than old age, unless, indeed, it be habitual intemperance.

And first, as to the influence of various constitutions and chronic constitutional diseases, as I suppose them to be, unattended with any considerable organic disease, except that which requires the operation. Scrofulous patients, whether old or young, have, I think, no special liability to the fatal consequences of operations, except in so far as they are feeble and may die (though they rarely do) through slow exhaustion, or the gradual development of some internal organic disease. The relief from pain and the removal of irritations commonly seem more than enough to compensate for the shock and other depressing influences they are at first submitted to. They seem not very liable to pyæmia, erysipelas, or other of these sore plagues. All this you may see often enough in our cases of excision of joints; and in these same you may also see, better than in any others, what are the defects of the scrofulous constitution in reference to recovery from operations. The wounds heal very slowly; the cellular tissue is apt to become very œdematous and "gummy;" the scars are thin, and often break down and ulcerate; the deeper cuttings become sinuous, with tedious discharges of thin pus, and wasting. In a word, the half-healed wounds are apt to become like scrofulous ulcers; and if the patients remain long uncured, their constitutional scrofula is increased by long confinement, and perhaps by hospital air.

Thus you may sometimes find (but it ought to be in a small minority of cases) that scrofulous patients seem to be, if I may so speak, made more scrofulous by the removal of a diseased limb or joint. And this is, no doubt, the explanation of some of the cases which have led to a belief often entertained, that the removal of scrofulous disease from one part induces its occurrence, or aggravates it, in another. There are, indeed, some cases in which the two events do seem to stand in direct relation. You may have seen last year a girl in Sitwell, whose forefinger was removed for scrofulous disease of one of its joints. The wound had scarcely healed before similar disease ensued in a knee-joint, which was sound before the removal of the finger. So, I have seen a patient, one of whose toes was removed for scrofulous disease; then a knee became similarly diseased, and the limb was amputated above it; and soon after this, caries of part of the spine ensued. Recovery from this last disease has been followed by no further outward appearance of scrofula.

The study of the relation of these successions of similar disease in different parts is one in which you may do good and gain honour; but the event is so far infrequent that, except in the intensely or the acutely scrofulous, you need not fear it. In the large majority of cases, especially the chronic cases, the removal of a scrofulous part is followed by improved health. Still, remember, the operation is finally effective only against that part; the patient may remain scrofulous, and may need the same constitutional treatment after, as before, the operation. Therefore, before you operate, make sure, if you can, that the patient, especially if he is old, is one who can stand prolonged confinement. Have this in mind when you have a choice between two or

more operations; and after the operation take care that the patient's general condition is helped with fresh air and fit food and cleanliness, and all other good means that you can provide.

The scrofulous patients of whom I have been speaking are such as may be considered very liable to tuberculous disease, though having none actually present—at least in any internal organ. Of the actually tuberculous I will speak hereafter, especially in relation to the risks of those who are phthisical. But now to speak of others.

You will sometimes have to operate on syphilitic patients; and you will find them not bad subjects, except in so far as their syphilis may have made them very feeble or cachectic, or, in rarer cases, may have affected their internal organs.

Incisions through, or within the range of contact of, inoculating sores, will be inoculated, and become chancrous; but I have seen no worse mischief than this in those with primary syphilis. I am not sure that I ever operated on any one with active secondary syphilis; but I have done so in many who have had sores of tertiary syphilis, and have afterwards had renewed tertiary symptoms. But they recovered as well as any other patients of equal general strength, and none of the wounds became like syphilitic ulcers.

In this respect, indeed, the contrast between scrofula and syphilis, as affecting the consequences of operations, may seem very striking; but I suspect that, in a larger number of cases than I have had, some wounds would become seats of syphilitic disease, for it is not rare to find cases in which nodes and necrosis and tertiary ulcers have had their origin in blows and other rough injuries done to syphilitic people.

I have never had occasion to operate on a patient with acute rheumatism. In those with chronic rheumatism, or subject to it, I have seen no mischiefs that could be ascribed to their constitutional defects.[1]

Of the gouty, in reference to their capacity to bear operations, I think that much worse has been said than they deserve. I have, in at least three instances, seen patients attacked with acute gout shortly after capital operations; and the progress of good recovery was in none of them impeded. One of these cases was that of a fat, plethoric, active man, from whom I cut out a cancerous breast. On the next day gout set in with a furious severity—worse than he had ever had it; yet his wound healed, and he recovered from all the effects of his operation as well as any healthy person could have done.

I have seen no greater troubles in patients whom I have known to be subject to gout or born to it; and I therefore believe that the disrepute of gout for making men unfit for operations is due to the fact that, as gouty people grow old, they become sooner and more certainly than others subject to degeneration of the kidneys, heart, arteries, and other internal organs. These, and not merely gouty disposition or constitution of the blood, impair their power of bearing injuries and operations. Look sharp for these organic defects and avoid them, and then I believe you will find your gouty patients as fit for operations as others of the same ages and habits of life, provided, of course, that you correct, as far as you can, any actual disturbances of function.

Cancerous patients are certainly not bad subjects for operations, or, at least, not worse than others of similar age and general condition. Many, indeed, being operated on in the early stages of the disease, are, for their age, in a full average of general good health; and even in those on whom operations are advisable though they are cachectic, it is often remarkable how well their wounds heal, and what a revival of power they display.—*Lancet*, July 6, 1867.

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Clinical Remarks on Cases of Joint Inflammation.—During the month of March there presented themselves at the Charing-Cross hospital an unusually large proportion of acute and subacute joint inflammations, the larger number of these being rheumatic and arthritic. In pointing out this fact to his class a few weeks since, Mr. Barwell made the following remarks:—

"The large proportion of synovitic cases that we have seen to-day and for some days past cannot fail to have impressed you; and that peculiarity of the time must, I think, be ascribed to the inclement weather, and especially to damp combined with cold. We had no run upon joint cases during the

[1 However true this may be as regards general operations, we have not found it so in operations for cataract. According to our experience, those who suffer from chronic rheumatism, or are liable to attacks of rheumatic gout, or gout, are very unfavourable subjects for the latter operation.—Ed. Med. News.]

dry frosts of January; the damp warmth of February brought forth crops of boils and carbuncles; and the cold, raw, wet of this month of March has produced a disproportionately large number of rheumatic and rheumatoid affections. I make these remarks because it does not appear to me that sufficient attention has ever been given to the meteorology of disease. No sort of practice gives so extensive a field for observation as a great out-patient department, and I have for years past observed fluctuations in the class of cases to attend diversities of weather.

"But now I wish to call your attention to some peculiarities in my treatment of different cases. You will have observed that after the violence of inflammatory symptoms is subdued and that little pain with a certain amount of swelling is left behind, I order, in some, the smaller number of cases, applications of iodide and bicarbonate of potash; but in others, the larger number, I combine in different proportions iodide of potassium and iodide of lead; for I find that of all absorbent applications, the iodide of lead is probably the most potent in cases of strumous and rheumatic thickening, but it must always be used with care, especially as it acts upon the gouty diathesis as a direct poison.

"Dr. Garrod has described, in his work on Gout, 'the influence of lead as a predisposing cause of gout,' (p. 281, *et seq.*) I find, however, an important converse to this view—viz., the influence of gout as predisposing to lead-poisoning. The first notice which I received of this fact was in private practice. A gentleman for months laid up with gout, and tired of being overdosed with colchicum, sent for me. I ordered, among other things, an application to the foot, consisting of two parts of iodide of potass and one of iodide of lead. Next day —*i. e.*, in twenty-four hours—he had symptoms of lead-poisoning, by no means slight, and the blue gum line well marked. This fortunately gave me a clue in another case I then had in hand, of a gentleman who always fell ill after residing some days in his town house. He was the only one of the family who suffered. These illnesses were all alike, and his stay in town was always terminated or closely followed by a fit of gout. Having been given the strong hint above mentioned, I thought I could trace somewhat obscure symptoms of lead-poisoning, and on examination the water was found to contain lead. Since the cisterns, &c. have been changed, this regular sequence of events has ceased.

"Now you will observe that if any signs of gout are detectable in your patient, you will avoid the use of lead, and you may substitute a drug which in these cases is more useful—viz., the bicarbonate of potash, which has a chemically solvent action on gouty chalk-stone. You may apply the materials in solution. Let lint dipped into the fluid be placed round the joint, and over this oil-silk; or, if your patient be in bed, put a thick layer of wadding over the wetted lint, and confine the whole with tolerable pressure by means of a roller. The heat will add to the rapidity of absorption, and you will find this mode of application very efficient."—*Lancet*, May 1, 1867.

HOSPITAL NOTES AND GLEANINGS.

Suppuration of Knee-joint; Articulation laid freely open; Recovery.—J. L., æt. 14, was admitted into St. Bartholomew's Hospital, under care of Mr. Holmes Coote, April 1, 1867, with extensive suppuration around, but not involving, the knee-joint, following the prick of a pin eleven days previously. She had a somewhat anxious expression; rather rapid pulse; and furred tongue. She suffered a great deal of pain in the knee. At the time she pricked her knee, she did not take much notice of it, and continued her household duties as usual. From her description, the pin seems to have entered just below the joint. She was ordered nourishing diet, stimulants, bark, and ammonia. A free incision was made, and a large quantity of pus evacuated, with great relief to her symptoms. In spite of this, the suppuration extended, and was followed up by other incisions.

Five days after admission, there was noticed some slight effusion into the joint, with an aggravation of pain. This effusion gradually increased until the fourteenth day after admission, when the knee was very considerably swollen. There was also great swelling and tenderness extending half-way up the thigh. She was at this time in a very low hectic condition, and amputation was contemplated, when Mr. Coote, as a last resource, made a large incision four inches in length, freely opening up the joint on its

outer side. Five ounces of pus were evacuated. She did not get much better for a few days; but, after that, the suppuration began to decrease, her general condition became better, and the appearance of the knee much quieter. From this time, she gradually improved, and the incisions healed up.

She now (June 26th) has the limb encased in stout leather splints, and walks about with the aid of a stick. There is a little movement in the joint.

The great feature in this case was the laying freely open of the joint; for, if this had not been done, amputation through the thigh must have been the almost inevitable consequence, which would have exposed the girl's life to great danger, to say nothing about the loss of the leg. As it was, the danger to life was not only avoided, but she has recovered with a limb which will, in all probability, be eventually little inferior in utility to the other.—*British Med. Journ.*, Aug. 3, 1867.

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Hæmatemesis in a Child aged Three Years and Ten Months.—Hæmatemesis is of such rare occurrence in young children, that the following case, for the particulars of which we have to thank Mr. Sydney C. Austin, deserves, we think, to be placed on record. The child had been so very ill-fed, that his blood had become considerably impoverished and a scorbutic diathesis had been engendered, to which Dr. Sieveking was inclined to ascribe the hemorrhage.

Charles Dickenson, aged 3 years and 10 months, was admitted into St. Mary's Hospital on June 15th, 1867. His mother stated that he had diarrhœa for a fortnight, and passed blood in the motions until the 11th of June. The child was excessively weak; and, as she was very poor, she could not get nourishment for him—in fact, she and her children had been half-starved for some time. On June 12th, after taking some tea, he was very sick, and vomited about an ounce of dark blood. The vomiting continuing after every meal, she brought him to the hospital.

Soon after his admission he vomited a small quantity of bright blood. He was very much emaciated, and very restless. Pulse 110. The tongue was coated with a dark red stain in the centre of the dorsum, which disappeared in a few days. A mixture was ordered to be taken every four hours, containing ten minims of dilute sulphuric acid, with a drachm of syrup, and three drachms of pimento water. He was directed to have simple diet, with isinglass-jelly, iced milk and broth.

June 16. He was better to day. He still vomited after both liquid and solid food. The quantity of blood was very small. There was pain on pressure over the epigastrium. The child did not sleep, crying a good deal. Two minims of tincture of opium were added to each dose of the mixture.

17*th*. He slept well in the night. He brought up about six drachms of dark blood this morning after breakfast. The tenderness over the epigastrium was increased. Pulse 114.

18*th*. There was less tenderness on pressure. He still had vomiting; but the quantity of blood was very small.

19*th*. There was no pain in the epigastrium. There was vomiting still; but no blood at all to-day.

20*th*. He was much better; more cheerful. He kept his breakfast down, and only vomited once during the day—no blood. Pulse 108. The acid mixture was discontinued, and a powder of a grain of tannic acid and five grains of sugar ordered to be taken three times a day; he was ordered one drachm of cod-liver oil three times a day.

21*st*. There was no vomiting to-day. He asked for more food.

23*d*. The powder was discontinued. Half ordinary diet was ordered. He had no sickness.

26*th*. He went out quite well, having gained flesh considerably.—*British Med. Journ.*, Aug. 3, 1867.

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Amputation through the Forearm; Wound Healed by Primary Union.—It rarely happens that amputation wounds heal deeply by primary union, although adhesion of their edges is not uncommon. To avoid suppuration in compound fractures and other wounds, a dressing of carbolic acid has been resorted to with great success by Mr. Lister; and Mr. Syme has lately been advocating torsion of arteries with a similar object in view. The following is an unusual instance of primary union, independently both of carbolic acid and of torsion, the arteries being ligatured in the usual way.

E. M——, aged seventeen, a healthy-

looking female, was the subject of a compound comminuted fracture, with excessive bruising of the hand and lower part of the forearm. The injury had been inflicted by the passage of a railway engine over the limb. Amputation at the upper third of the forearm, by double flaps—the posterior of integument only, the anterior compound—was performed on the 19th of June. The raw surfaces of the flaps were carefully dried, and kept in apposition by a thick compress of lint applied over each, and held in position by a bandage. Three or four wire sutures were used, and the face of the stump was left open. Some swelling and redness of the stump followed, with slight sympathetic fever; but, with the exception of the track of the ligatures, the flaps united primarily. On the 6th of July the deep parts of the stump were quite sound, and the edges of the flap nearly cicatrized.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Child Weighing Fifteen Pounds.—Drs. CLEAVER, and MCELROY, of Lebanon, Ky., write us that they have recently delivered a coloured girl sixteen years of age, of a child weighing fifteen pounds; breech presentation; both mother and child are doing well.

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Medical College of the State of South Carolina.—Dr. James Moultrie, Prof. of Physiology, and T. G. Prioleau, Prof. of Obstetrics, who ably occupied their respective chairs from the foundation of the school, have resigned. Dr. F. M. Robertson has been elected to the chair vacated by Dr. Prioleau. Dr. R. A. Kinlock has been elected Prof. of Mat. Med. in place of the late Prof. Frost, who we believe occupied the chair from the foundation of the school until his death.

The next course will commence on the 4th Nov. 1867, and continue until the first Saturday in March, 1868.

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Medical College of Virginia.—From the catalogue of this school, which has been politely sent us, we find the number of matriculants during the Session of 1866-67 was 60, and that at the commencement held on the 5th March, 1867, the degree of M. D. was conferred on 20 candidates.

Medical Department of the University of Louisville.—It appears from the announcement of this school, now before us, that the number of matriculants during the session of 1866–7 was 164, and at the commencement, held Feb. 6, 1867, the degree of M.D. was conferred on 44 candidates.

The next session will commence on the second Monday in October, and continue until the 1st of March, 1868.

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The Humboldt Medical Archives.—We have before us the prospectus of a new Journal, the first No. of which is to be issued at St. Louis, Mo., in September, 1867. It is to be a monthly, and to be under the editorship of Drs. A. Hammer and Montrose A. Pallen. St. Louis will then have three medical journals.

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Result of Consanguineous Marriages.—At the late meeting of the "Medical Society of the State of New York," it was resolved: "That a Committee be appointed to investigate and report upon the result of consanguineous marriages, &c." The committee has issued a circular, soliciting replies to the following questions, and requesting the replies to be forwarded before November next, to the undersigned, one of the Committee appointed:—

1. Name (initials) and age of HUSBAND. 2. Nativity. 3. Age when married. 4. Constitution. 5. Health, deformities, peculiar diathesis. 6. Health of his family, hereditary diseases, deformities, &c.

7. Name (initials) and age of WIFE. 8. Nativity. 9. Age when married. 10. Constitution. 11. Health, deformities, peculiar diathesis. 12. Health of her family, hereditary diseases, deformities, &c. 13. How are the parties related to each other? 14. How long married? 15. How many children, or sterility? 16. Abortions; cause; how many, and at what period? 17. Children died, at what ages and from what diseases? 18. The constitution, age and present health of living children, deformities, mental conditions, idiocy, cretinism, deaf, mute, blind, epilepsy, albinism, insane, &c. 19. Remarks and other information.

ROBERT NEWMAN, M. D.,
118 *W. Houston St., New York.*

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New Sydenham Society.—We again invite the attention of the profession to the publications issued by this society, which

was instituted for the purpose of supplying certain acknowledged deficiencies in the existing means of diffusing medical literature. Works of a *practical* character and of *permanent* value are selected for publication.

All the works issued by the society from 1859 to 1867 (35 vols. including 28 vols. bound in cloth, and 7 fasciculi of the atlas of skin diseases, life size) can be obtained for nine guineas.

The volumes for 1867 will be as follows:

I. Griesinger on Mental Diseases.
II. Biennial Retrospect of Medicine and Surgery.
III. Fasciculus of Atlas of Portraits of Diseases of the Skin (colored plates).
IV. Hebra on Diseases of the Skin. Vol. II.

Richard J. Dunglison, M. D., 1116 Girard St., Philadelphia, Honorary Local Secretary, will receive subscriptions and forward the works to subscribers.

Annual Subscription $7.50, in advance, (the duty, &c. payable on arrival of the vols., amounting to about $2.50 additional.)

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Obituary Record.—It is with profound regret that we have to record the death on the 19th of August, of Dr. J. Mason Warren, of Boston, in the 56th year of his age. His life was cut short by internal cancer complicated with intussusception.

Dr. J. Mason Warren was the third of a race of eminent surgeons. His father, John Collins Warren, long occupied the first place among the surgeons of New England, and the son fully maintained the reputation of the father.

The following address and resolutions presented at a special meeting of the Suffolk District Medical Society, by Dr. O. W. Holmes, express so eloquently and justly the claims of Dr. Warren to our esteem, that we transfer them to our pages from our contemporary, the *Boston Med. and Surg. Journ.*, August 22.

"A little more than ten years ago some of us, and some who are no longer with us, met to do honour to the memory of John Collins Warren, who, having filled the measure of his days, had yielded to the summons which no art can delay beyond its appointed hour. It seems to us too soon to roll back the stone from the mouth of the sepulchre that received the father, to admit the son. He was still in the years of ripe but not decaying manhood. We should have asked that his life might have been prolonged like his father's so that he might have seen the near approach of the twentieth century. But God knows best when he has done with his servants, and though our friend was called away before the evening shadows had closed around him, he had done a full day's work when he found rest from his earthly labours. It is not for him that we would have asked length of days to be his portion, but for those whom he has left, who find it hard to lose the years they had hoped remained for him.

For nearly thirty-five years I have known Dr. Mason Warren, at home and abroad, as a student and as a practitioner, professionally and socially, as a companion and as a friend. I have studied with him, consulted with him, travelled with him; we have worked together and enjoyed many pleasures in each other's company. The record that I can here trace of him must be very brief, but it is one that will only do him honour.

His health was somewhat impaired during his residence at college, so that he was unable to complete his academic course, which would have made him a graduate in 1830. He therefore began the study of medicine in advance of those who were before him in college, and when I reached Paris in 1833, I found him already established there as a student, having taken his medical degree in the previous year. He was no longer an invalid, though never very robust, but laboured as diligently as the strongest, and took a part in every social enjoyment with his young companions.

In Paris, in London, wherever we found ourselves, he never for a moment lost sight of his great object—to qualify himself for that conspicuous place as a surgeon which was marked for him by the name he bore and the conditions to which he was born. This was his constant aim in the hospitals which he assiduously followed, in the museums which he faithfully explored. In the society of the distinguished practitioners to whom he had access and to whom he often introduced his less favoured friends, though always at his ease, and good company for any he might meet, he was still listening and learning. He was often playful; he had a delightful vein of humour, he was a pleasant narrator of incidents, he was genial and hearty, as if he lived only for society, but he could not be long turned

aside from his serious and manly duties. This is the reason why he took his place so soon and so easily on his return, and not merely because a place was ready for him. It demanded no small qualifications to fit a man to bear up the name of Warren in the third generation, and never to allow it to sink below the standard mark.

We who knew this laborious man loved him, because he was kind and good and natural in all his ways. I do not remember that any one of us, even of those who travelled with him—and travelling in company is the touchstone of infirm tempers—ever had a hard word with him. Yet he was what we should have called a man of a high spirit, and there was some fiery blood in his veins, such as Joseph Warren shed in that fierce *melée* which opened the war of the Revolution. He was so well bred, so uniformly courteous, that none but a churl would have found it easy to make a quarrel with him, and the churl would have seen that there was a strong manhood beneath his good nature that would not be safely tampered with. And with his good nature he united that good sense which a wise man has said is rarer than genius.

His labours in the profession will be long remembered. This generation will miss his great experience and his cunning hand; those coming after us will often hear his name joined with those of his distinguished father and grandfather, as constituting an unbroken line of hereditary excellence such as history but rarely shows.

It has been most happy for his fame that he lived to complete that noble volume containing the record of his surgical practice, which bears the date of this very year 1867. How full of valuable observations, plainly and simply told, for he made no unnecessary show of words in telling the most startling cases that came before him, this important work is, many of you know well. Amost everything which has been dared in surgery is there set down from his own experience. No matter what the gravity of the case, or the brilliancy of his success, whether the tying of both carotids or the extirpation of the upper maxilla, or amputation at the hip-joint, it is all told without expletives, without notes of admiration, in all the dignity of true science—told as the engineer describes a section of the earth, as the astronomer describes the transit of a star.

It would have been a pang to part with such a man, even when age had dimmed his eye and relaxed his strength; it is very hard to relinquish him with so much seemingly in prospect for him and through him for us.

But he has left us, we trust, for a serener sphere of being, and we seek our first solace in giving expression to our grateful recollections and our fond regrets.

I venture to propose to the Society the following Resolutions:—

Resolved, That by the death of Dr. J. Mason Warren, its late President, and associate from the time of its foundation, this Society has been deprived of the counsel and the friendly presence of a member at once honoured and beloved, who brought a sound knowledge, a large and wise experience and an ever willing helpfulness to its deliberations; who added liberally to its usefulness from the ample records of his practice; whose native dignity of character was so joined with engaging social qualities that he was always respected as a man and always welcome as a companion.

Resolved, That to the medical profession of this city and of this State the death of Dr. Warren, one of the most widely known and valued practitioners counted upon its rolls during the present generation, is a loss which will be deeply mourned by all its members; that his memory will be cherished by them as that of a fellow-laborer whose life was one long work-day of professional duty, and who yet found time to make many important contributions to the literature of a calling which he practised with a skill and success worthy of the illustrious name he bore.

Resolved, That the medical profession of this country and the great body of the healers of men throughout civilization have lost from their ranks one who honoured their occupation by his personal character and bearing, who enriched their art by his invention, who illustrated its possibilities by his prudent boldness, who served its interests faithfully in life and bequeathed to it a record of experience full of instruction, which will be studied with profit, not only here and in our own day, but by students of other lands and in after times.

Resolved, That the members of this community, in the midst of which Dr. Warren has, for many years, exercised his beneficent office, have been deprived by his

death of a counsellor of whom it is enough to say that he was to them what his father was to their fathers, what his grandfather was to their grandfathers—a master to control the resources of his art, a servant to obey the call of humanity.

Resolved, That this Society feels, and would desire respectfully to express, the profoundest sympathy with the family of its associate, our departed friend, and that it would place these words of heart-felt tribute before them, not as adequate marks of regret, but as an assurance that the grief of those nearest to him whom we cherish henceforth in our memory is shared by a wide circle of friends, who know how sorrowful the home must be which has lost one so worthy of love and honour."

FOREIGN INTELLIGENCE.

Death from Chloroform.—We read in the papers that an inquest was held at Manchester on Monday, on the body of a boy named John Arnold, eight years of age, whose death took place in the Eye Hospital. On Friday, the boy underwent an operation for squint, having chloroform administered previously; and in about two hours afterwards he expired. The verdict was, "Died under the influence of chloroform." These slow deaths from chloroform, of which this and the death recently recorded at University College Hospital are examples, seem to us of vast importance for the comprehension of the pathology of chloroform-death; and it would be very desirable that a careful medical account should be given of them.—*British Medical Journal*, July 13, 1867.

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Vaccinations and Revaccinations with Lymph from the Cow.—M. Husson, the Medical Director of Public Assistance, has given an account of the numerous trials he has made in the Paris Hospitals, where vaccinations and revaccinations have been frequently performed with the lymph taken directly from the cow. For fifteen months—from January, 1866, to April, 1867—heifers have been brought periodically to the various hospitals, and the number of vaccinations during this period amounted to 9316—viz., 1392 adult men, 2475 adult women, and 5449 children—not counting 803 foundlings also vaccinated during the same period. Of these 9316, 3589 (38.53 per cent.) were successful, 4576 (49.12 per cent.) failed, and 1151 (12.35 per cent.) were doubtful. Analyzing these figures further, it was found that among the adult men there were 16.45 per cent. successful vaccinations, 71.77 per cent unsuccessful, and 11.78 per cent. doubtful. Among the women there were 17.37 per cent. successful, 74·42 per cent. failures, and 8·21 per cent. doubtful. Among the children there were 53.77 per cent. successful, 31.84 per cent. unsuccessful, and 14.39 per cent. doubtful. At the Academy of Medicine the successful cases of vaccination in children vaccinated from the cow amounted to 61.82 per cent., and in those vaccinated from arm to arm to 60.53 per cent. Various public establishments besides the hospitals have had vaccination from the cow performed upon their inmates, and it has become very general in private families. M. Lanoix himself is stated to have practised 9112 vaccinations, 46·8 of the number in public establishments; and he has also charged 18,000 tubes with lymph. For the whole of his supplies he has required 400 heifers.—*Med. Times and Gazette*, August 10, 1867.

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Death from the Entrance of Air into the Veins of the Uterus.—Prof. Olshausen relates a case in which, during parturition, the cervix not dilating rapidly enough, the uterine douche was applied. It was used three times, and about eight minutes after the last application, the patient complained of difficulty of breathing, suddenly rose straight up in bed, and then fell, and after a few convulsive efforts died. Emphysematous crepitation could be produced by pressure on the abdomen. At the post-mortem examination a considerable quantity of air bubbles was found in the coronary veins of the heart. The small quantity of blood contained in the right heart was very frothy. The womb crepitated on pressure; the surrounding vessels were filled with air bubbles, as also the ascending vena cava. The two placentas (it was a case of twins) were detatched, and one of them formed with the interior wall of the uterus an inflated pouch.—*Medical Record.*

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Bacteria and Hooping-Cough.—At a meeting of the French Academy on Monday, the 5th inst., M. Guirette presented a note in which he described the results of a microscopic examination of the watery vapour exhaled by persons suffering from

hooping-cough. He stated that in all cases where he had examined the vapour under the microscope, he found it to contain *bacteria* in immense numbers. The bodies he described as such were more or less fusiform, and measured about the two-hundredth of a millimetre in length and about the three-hundredth of a millimetre in breadth.—*Med. Times and Gaz.*, Aug. 10, 1867.

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A New Fungus found in Cholera Evocuations.—Dr. Otto Wilh. Thomé, of Cologne, states that he has succeeded by microscopic examination, and by cultivation of cholera dejections, in discovering a parasitic plant, which was very abundant in all the cases he examined, and which exerted a peculiar disorganizing influence on the epithelial cells. He thinks it not too bold to suppose that *this is the cholera poison;* although he admits that this supposition is not yet confirmed by experiment—as by introducing the plant into the food of animals and observing the effects. He conceives it impossible to do this satisfactorily, as we possess no means of separating the minute organisms from the fluid in which they are present, and we could not be certain that the poison was not in the fluid rather than the organism. The plant belongs to a genus and species hitherto undescribed.—*Edin. Med. Journ.*, May, 1867; from *Virchow's Archiv*, Feb. 1867.

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Successful Inoculation of Tuberculous Matter.—M. Colin has just presented to the Academy of Medicine of Paris, an elaborate report on M. Villemin's labours touching the transmission of tuberculosis by inoculation. M. Colin repeated several of the experiments upon animals, and was completely successful—so much so as to induce him to ask the Academy to compliment M. Villemin on his investigations, and to request him to pursue them with the same care and ingenuity he has hitherto displayed. This high approval opens a new field to pathological research; it will aid us in ascertaining whether phthisis is contagious (as is believed in Italy) or not; and perhaps it may lead, what is earnestly to be wished, to effectual therapeutical application.—*Lancet*, July 27, 1867.

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Spontaneous Division of a Vesical Calculus.—M. Guéniot, who has been temporarily intrusted with the wards of the late M. Civiale at Necker, has presented to the Society of Surgery an interesting pathological specimen taken from the body of an old man of eighty-three. For two years the patient (who is now dead) used to pass in his urine fragments of stone, which have been preserved. This spontaneous division of a vesical calculus is of rare occurrence, and M. Guéniot said that Civiale during the course of his long career had only noticed two other instances of this fact. The influence of diet could not have brought on the occurrence in this particular case. Three calculi were found in the bladder; two of them were unimpaired, and the third was on the point of division. The bladder was partitioned into two distinct sacs, one on the left and the other on the right. The calculi were found in the left purse, and this part of the bladder was in immediate contact with the left iliac vein, which was inflamed. The rubbing of the calculi against the vessel through the walls of the bladder evidently brought on phlebitis, and gave rise to phlegmasia alba dolens, which proved fatal.—*Lancet*, Aug. 3, 1867.

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Syphilis in a Bottle Factory.—M. Dechaux, in a recent number of the *Gazette Médicale de Lyon*, gives an interesting narration of the propagation of syphilis by the mouth at a bottle factory to which he is attached, at Montluçon. It seems that the glass-blowers at such establishments are of a nomad character, wandering from factory to factory in search of work. One of these men, not having the best of reputations, had in vain sought for employment, having been rejected at various workshops. At last, the workmen at Montluçon, touched by some sonorous phrases, such as "he demanded the sacred right of labour in the name of that necessity which had so long weighed him down," agreed to allow him to join one of the working parties into which the *employés* are divided, his business being to commence blowing the bottles, and handing them to others to continue the same operation, so that they passed hot and moist from his mouth to the mouths of his neighbours in rapid succession. At the end of the first week four workmen had bad mouths, and next week four others, and a little later two more. As soon as any suspicion was excited, the man was submitted to examination by M. Dechaux, avowing that he had

had syphilis a long time since, but had been effectually cured of it in the hospital. On examining his mouth nothing abnormal could be perceived save a small crack on the lower lip, unaccompanied by induration, and a common enough appearance among glass-blowers. The workmen on their part instituted an examination, and they as well as the Doctor pronounced him free from any disease prohibitive of his working with them. Still the men above alluded to exhibited chancrous sores at the commissures of the lips and other parts of the mouth and throat, and enlarged submaxillary glands. A more searching examination of the man's prior history now discovered that during the last four years he had infected workmen in the various bottle factories he had entered, and had been driven from them; and that, in fact, the disease was seated in the nose, the bones of which were the seat of caries, giving rise to fetid suppuration. And yet this man, carrying this poison about with him, was allowed to enter factory after factory, for, says the narrator with abundant *naiveté*, "had the nature of his complaint been inscribed on his *livret*, it would have infallibly prevented his getting employment." However, in consequence of such delicacy, the workmen who had accepted him as a partner became the subjects of chancres of the lips, these, in five of their number, reaching the size of one or two franc pieces, and being attended with inflammation, swelling, and induration. They continued in their acute stage for about twenty days, and were not entirely removed until from thirty to sixty days—suspicious-looking ulcerations reappearing in some for a still longer period. In all there was induration of the submaxillary glands, which lasted for from forty to ninety days. In five of the cases the throat was affected, in six there was cutaneous syphilis, and in four pustules or vegetations about the anus. As may be supposed, the health of some of these workmen (eleven in number) was very seriously damaged, and in none of them could work be resumed from forty days to three months. In two instances in which it was attempted too soon, the disease was communicated to others.—*Med. Times and Gaz.*, July 20th, 1867.

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The Trephine among the Incas.—At the last meeting of the Academy of Medicine, M. Broca laid on the table an interesting frontal bone, which had been removed from one of the tombs of the incas at Cuzco, Peru—tombs which existed prior to the expedition of Cortez. It bore undoubted signs of having been perforated with the trephine; and although the great antiquity of the operation of trepanning has been well established, yet of its performance by the older nations of the New World we had hitherto no indications. The aperture is situated on the left side of the bone, and the condition of the surrounding bone does not admit of a doubt that the operation was performed during life. M. Nélaton is of opinion that the individual must have lived from a week to a fortnight subsequently. A white spot, and the greater porosity of this portion of the bone, would seem to indicate that the process of necrosis was about to be established. There is no trace of fracture, and the probability is that the operation was executed for an internal lesion, which would imply a somewhat advanced stage of surgical diagnosis. The internal table exhibits a porosity and inequality not seen at the outer table, and which give rise to the suspicion that a collection of matter might have existed. The hole is of about the same size as in the ordinary operation, but it is quadrilateral in place of being round. A careful examination of the edges of the aperture leads to the conclusion that it was not executed by any special instrument, but by means of a knife, graver, or chisel.—*Med. Times and Gaz.*, July 20th, 1867.

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Cholera in Montenegro.—The Austrian journals give us the most melancholy accounts of the progress of cholera in Montenegro. The whole country has been seized with panic, and the inhabitants have assumed a position of defence, which is not unlike what has been witnessed during the plague. Prince Nicholas and his family and physician have fled to Venice or Paris, and the archimandrite has followed in his sovereign's footsteps. Meanwhile the unfortunate inhabitants have lost their harvest through a season of intense drought and heat, and are being swept away with terrible rapidity by cholera. Pestilence and famine have assailed them simultaneously. Unaffected villages are surrounded with sentries, and infected intruders are instantly shot. In the district of Herzegovina, with a population of 32,000 inhabitants, there have been no less than 1800 cases of cholera. The

dead are thrown out into the highways, and become the prey of ravenous dogs; and as yet little has been done to stay the epidemic or to reassure the people. One is horror-struck to think that scenes such as these are occurring within a few thousand miles of our shores, and that nothing is being done either to abate the pestilence or to prevent its extension. Already one of the terrified inhabitants has carried the cholera into Trieste, and no doubt there will be other instances of a similar nature. The picture is a painful one, and it ought to be a warning to us to watch the progress of cholera now in Europe, and to exercise an adequately protective quarantine over all vessels arriving from infected ports.—*Med. Times and Gazette*, July 27, 1867.

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Monomania Incompatible with Testamentary Capacity.—In his judgment delivered in the case of Smith *v.* Tebbitt and others, Sir J. P. Wilde affirmed, we believe for the first time, the principle that monomania is incompatible with testamentary capacity. Whether this doctrine will be accepted as a canon in law remains to be seen.—*Med. Times and Gazette*, August 10, 1867.

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Aptitude of Races.—Mr. Farrar, in a paper on this subject in the *Transactions of the Ethnological Society of London*, vol. v., points out that, with the exception of Madeira, the Azores, and a few other islands, there is hardly a single country which, when first discovered, was found destitute of inhabitants; and it is a very remarkable fact that every race, including even some of the semi-barbarous, tell us, in their far-reaching traditions, of other races who preceded them, and whom they found inhabiting the countries to which they came. The Greeks and the Romans never attempted to conceal that their lands were won by victorious immigration. The Egyptians spoke of the gigantic and shadowy races, the Νέκυες, as they called them, who preceded that line of demi-gods which reigned before the first Pharaoh. The Arabians regarded themselves as successors of the genii. The Canaanites, as we know from Scripture, ousted and almost exterminated the Nephilim, Rephaim, Anakim, and other antediluvian races. The Aryans confessedly won Hindostan by expelling from it those previous tribes which they contemptuously represent as monkeys, demons, or savages, with whom, however, they probably intermarried, and of whom traces are still to be found. According to Fa Hian, the Chinese traveller, the first people in Ceylon were demons and dragons, who are probably intended for the original Yakkahs. The North American Indians do not claim to have made the vast mound temples and tumuli which occur on many of their plains and river valleys, but attribute them to an antecedent race. The natives of New Zealand say that on arriving they found there an inferior people, whom they hunted down like wild beasts. Britain was once occupied by cannibal savages, who were ousted by the Kelt, and who appear in various early traditions as ghosts or giants. Mr. Farrar considers all these races, who appear in the traditions of all but the most barbarous nations, to have been the squalid primæval allophylians, whose relics, consisting of half-gnawed bones and coarse implements of flint, have been found so abundantly of late years in fluviatile deposits and stalactite flooring of deep caves, but respecting whose origin nothing is known, except that they lived on the earth with the mammoth and the elk, the cave hyæna and the cave bear, for long ages before the first civilized races had appeared upon the globe. Mr. Farrar proceeds in his argument, and points to many existing and surviving representatives of such tribes. "Such (he says) are the tallow-coloured Bosjesmen, who, when not living on worms and pismires, are glad to squabble for the putrid carcase of the hyæna and the antelope; the leather-skinned Hottentot, whose hair grows in short tufts like a worn-out shoe brush, with spaces of scalp between; the degraded, gibbering Yamparico, whose food consists of vermin; the aborigines of Victoria, among whom, new born babes are, when convenient, killed and eaten by their parents and brothers; the Alforese of Ceram, who live in families in the trees; the Banaks, who wear lumps of fat meat ornamentally in the cartilage of the nose; the forest tribes of Malacca; the wild people of Borneo, whom the Dayaks hunt as though they were monkeys; the hairy Aïnos of Yesso, who annually pay their tribute of fish and skin to the Japanese; the pigmy Dokos, south of Abyssinia, whose nails are grown long, like vulture's talons, that they may dig up ants and tear the skin of serpents, which they devour raw; the Veddahs of Ceylon, who have gutturals and grimaces

instead of languages, who have no god, no notions of time or distance, no name for hours, days, and years, and who cannot count above five upon their fingers. Many tribes like these in the lowest mud of barbarism, so far from having traditions or traces of preceding tribes, attribute their origin directly to lions (like the Sahos), to goats (like the Dagalis), or with contented unanimity to the ape, on whose deformed resemblance to themselves they look without any particle of horror and repugnance as on a type to which they are assimilated by their own abject degradation, fierce squalor, and protuberant jaws." These races, without history, irreclaimable, and not merely having a horror for civilization, but deliberately despising it, Mr. Farrar considers to be the primitive races of man, which are now fast disappearing before the advancing civilization of the white races. If, however, we mount to a second stage or stratum of humanity, we again find that difference of aptitude which appears to prove a radical, permanent, and original difference of race. The Chinese are cited as an example by Mr. Farrar. In them it is indeed true that they invented writing, but they stopped at ideography and hieroglyphics; their art had no perspective and no ideality; their science no progressiveness; their religion no enthusiasm; their literature no warmth; their administration no vigour. "Everything in them is marked with the plague spot of utilitarian mediocrity; they reduce everything to the dead level of vulgar practical advantage; and hence the inventions, which they possessed centuries before the Europeans, stop short at the lowest point." Mr. Farrar considers that, the endowments of men being unequal, a strong barrier of religion and right must be reared against the encroachments of the stronger upon their less privileged brethren. Believing, as he states he does, that all men are children of a common Father, and partakers of a common redemption, he does not require the notion of a physical or genetic unity as a motive to philanthropy.—*Med. Times and Gazette*, May 11, 1867.

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Care of the Wounded during the late War in Germany.—Col. Reilly, who was sent out by the British War Office as a commissioner to inquire on the spot into the Prussian military system, and, among other matters, to examine carefully into the manner in which the Prussian armies were supplied when well, and tended and cared for when wounded and sick, gives a most unfavourable account of the Prussian field hospitals, and stigmatizes their condition as being worse than that of Scutari during the Crimean war. The sufferings of the wounded Prussians, as well of the numerous wounded Austrians left in the hands of the former, for the care of whom there was no adequate preparation, must have been indescribably severe. But such must always be the case after a bloody contest where numbers are engaged. War is a terrible affair, and the more fully mankind are impressed with that fact, and of the responsibility which those incur who inaugurate a contest, the better will it be for the human family, and the more conducive to the progress of civilization.

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Subcutaneous Injection.—A special meeting of the Royal Medical and Chirurgical Society was held on Tuesday last, the 18th inst., to receive the report of the Committee appointed by the Society to investigate the subject of the subcutaneous introduction of drugs into the system. The objects set before the Committee were, the investigation of both the physiological and the therapeutical effects of medicines thus acting upon the system, both as regards intensity and duration, and also in relation to rapidity of absorption. The following alkaloids were experimented with: Aconitine, atropine, morphine, strychnine, quinine; and the Committee also investigated the actions of the following important drugs: Calabar bean, conia, hydrocyanic acid, iodide of potassium, podophyllin, colocynth, aloes, and Battley's solution of opium. The report, which was read in abstract, contrasted the effects of each medicine when taken by the mouth, injected into the rectum and into the subcutaneous cellular tissue, and when printed it will form a valuable mine of therapeutical data. We congratulate the Committee on the successful termination of their arduous labours.—*Lancet*, June 22, 1867.

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Fish in an Artesian Well.—Sir Charles Lyell, in the new edition of his *Principles of Geology*, notices the discovery of live fish in some artesian wells sunk in the desert of Sahara. They were brought up from a depth of 175 feet, and were not, like those of Adelsburg, blind, but had perfect eyes.

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MEDICAL NEWS.

CLINICS.

Clinical Lectures on the Various Risks of Operations.—By JAMES PAGET, F. R. S. (delivered at St. Bartholomew's Hospital).

LECT. I. Part II.—The foregoing, so far as I have been able to learn them, are the various risks of patients with admitted morbid constitutions. The importance of being able to decide the questions arising in such cases must be evident to you. And questions of equal importance, and yet of greater difficulty, arise in the cases of many who may not be called diseased, but who certainly are not in any just sense of the word healthy, such as the plethoric, the over-fat, the intemperate, the over-fed, the feeble, the degenerate, the cold-blooded. What can be safely said about these, and of the dangers they severally incur when we wound them? I will try to tell what I believe.

Plethora, pure and simple, is not a bad condition for operations. So far as I have seen, people that have been full-blooded, ruddy, warm, round-limbed, tight-skinned, with strong hearts, and, as we suppose, a rather excess of blood, have done well. But such people must be carefully managed; not fed too well; not kept too long in bed; not allowed to retain their refuse; and mere bigness must not be taken for plethora.

For the over-fat are certainly a bad class, especially when their fatness is not hereditary, but may be referred in any degree to their over-eating, soaking, indolence, and defective excretions. The worst of this class are such as have soft, loose, flabby, and yellow fat; and I think you may know them by their bellies being pendulous and more

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prominent than even their thick, subcutaneous fat accounts for; for this shape tells of thick omental fat; and, I suppose, of defective portal circulation. I know no operations in which I more nearly despair of doing good than in those for umbilical hernia or for compound fractures in people that are over-fat after this fashion. Nothing short of the clearest evidence of necessity or of great probable good should lead you to advise cutting operations in people of this kind. Do lithotrity for them rather than lithotomy; incline against amputations for even bad compound fractures; and, wherever you can—as, for instance, for cutaneous cysts, hæmorrhoids, and the smaller examples of scirrhous mammary cancers—use caustics rather than the knife or ligature.

All the these warnings must be doubled for the intemperate. One does, indeed, sometimes meet with habitual drunkards who pass safely through the perils of great operations; but these are rare exceptions to the rule, according to which one may reckon that the risks of all operations increase with the increasing degrees of habitual intemperance. I think you will find that a habit of slight intemperance is much worse than occasional great excesses; that regular soaking is worse than irregular carousing: probably because of the steady impairment of the blood and of all the textures to which the soaking leads. Of course you will keep your hands off notorious drunkards, unless you are driven by the stress of a strangulated hernia. or a stopped windpipe, or something leaving you as little choice as these do. But you must be on your guard to detect a good deal of drunkenness of the soaking kind which is not notorious and not confessed. Be rather afraid of operating on those, of whatever class, who think they need stimulants before they work; who cannot dine till after wine or bitters; who always have sherry on the sideboard; or are always sipping brandy-and-water; or are rather proud that, because they can eat so little, they must often take some wine. Many people who pass for highly respectable, and who mean no harm, are thus daily damaging their health, and making themselves unfit to bear any of the storms of life.

On all such as these, operations are more than doubly hazardous. Of course you may hear of wondrous escapes from dangers, and, on the credit of a few exceptions, silly proverbs are made about the impunity of drunkards; but the general rule is certain. Every risk of an operation is increased in the habitually intemperate; they are, above the average, liable to every one of all the sources of danger and of death.

I have had no sufficient experience among teetotalers to enable me to speak with any certainty of their capacity for bearing operations. I cannot doubt that a patient trained, all his life, to habits of rigid temperance would bear injuries of all kinds better than the average of men; but people of this sort are not commonly those with whom you have to do under the name of teetotalers. These are, much more commonly, such as have been intemperate, or, to say the least, imprudent, in their manner of living, and have then wholly changed their habits, and lived without any stimulants whatever. Of such people I have no good opinion when they come to be the subjects of surgery; for they seem to retain the bad liabilities of the intemperate long after they have given up their bad habits. I would not adopt the opinion that I have heard some express, that teetotalers are worse patients than drunkards; but I should always expect that a very long period of reformation would be required to free a man from the damages he has sustained by intemperance.

Over-eating is not commonly supposed to lead to any such risks of life as over-drinking does; yet I believe that you will find, in operative surgery, that among the habits that increase the risks of life, this may stand not far off drunkenness, especially if the over-eating is of meat and other nitrogenous foods. I am led to believe this from several cases that I have observed, and I think that there are large evidences of it. You know that the general results of operations in provincial hospitals tell of a smaller mortality than in the hospitals of London and the largest towns. The difference is commonly ascribed to differences in the purity of the air, and other advantages of that kind in the comparatively rural districts. I believe that much more of it is due to the differences of habits in the several classes of patients. The differences are many; but one of the chief of them is that the poor in the agricultural districts eat far less meat than those in large towns do, and are, by comparison, less fed, though probably not worse fed; and you may frequently

observe that patients who come to us from agricultural districts bear operations in all respects better than Londoners who are submitted to the same proceedings. Of course many things concur to make the differences of constitution between a town and a country population; but I am satisfied that among these things a very potent influence is exercised by the difference of diet. And the differences that we may thus see are strongly illustrated by what one hears of the results of operations upon the natives of India and other Eastern countries, whose diet is almost exclusively vegetable. Almost any amount of injury may be inflicted on them, and not be followed by the destructive mischiefs which occur in Europeans under the same circumstances. They are defective, it is said, in healing power; but they recover with comparative certainty, however slowly, from operations of the greatest magnitude. A common expression about them is, "You can't kill them."

There are many patients to whom you cannot assign a morbid constitution, but who are feeble in all their processes. No organ, it may be, works wrongly; but no organ works with due power. Many children are in this condition, and some adults, whose condition has been admirably portrayed by Dr. Chambers in his book on Italy. They are not always bad subjects for operation. Repair will probably take place in them as feebly as any other vital process; but I believe they are not particularly liable to the diseases after operations from which the greatest risks arise. Children of this class you should be cautious of operating upon for hare-lip or other such defects as do not urgently require interference; and in adults, if you can defer operations to some period of better health, you should do so; but all this for fear of local failure rather than of incurring any unusual risk of life. For in the management of these, as of all cases, you will find that the chief vital risks of operations are not through mere defects of power, but through diseases. The measure of danger is not in the proportion between more or less of vital force, and more or less of exhaustion, but in the amount of liability to real diseases of the blood and tissues.

You often hear me speak of patients as "cold-blooded." I do not know that the whole of their blood is less warm than that of ordinary persons, but some of it is, for their hands and feet are seldom or never naturally warm; and some of them feel, when you touch them, as cold as reptiles in the same climate—their hands and feet feel as moist and damp as toads and frogs. The circulation in all these cold parts is of course very slow, and probably it has not a due velocity in any of their textures; for, wherever you can see vascular parts in them, they are of duller tint than they should be, dusky, and with a purple hue rather than a rosy one; and with these signs you find small pulses, and general indications of slowness in all vital processes. They digest slowly, and are very prone to constipation; and the women amongst them menstruate disorderly, and are liable to headaches and backaches, and a variety of nervous symptoms. People of this kind are so numerous that you will do well to look out for them among your cases, and to treat them specially with iron, with particular regard to this cold-bloodedness and slowness of life. They are not bad subjects for operations: rather, I should reckon them amongst the good ones; for they have always seemed to me singularly little liable to fall into the troubles of erysipelas, or pyæmia, or any other disorders of the blood; and the healing of their wounds is not apt to be interrupted. Observe their defects; minister to them with warmth and good food, but not high stimulants or great eating, and they will do as well as any you will have.

And, to finish this account of the influence of diseased, or disorderly, constitutions on the results of operations, let me tell you of the people that are commonly called "nervous." I do not refer to those with manifest disease in any part of their nervous system, but to those that are exceedingly sensitive, mobile, and excitable, whether in their sensitive or motor organs—who are very emotional, and with their whole cerebro-spinal nervous system altogether too alert. You will find them and their friends always apprehensive of the results of operations: they will tell you that they are so nervous they can bear no shock; and they look with the greatest apprehension upon the infliction of any injury. All this is fallacious. You may be surprised at observing how very little influence upon their organic processes this excessive vivacity of their cerebro-spinal system exercises. Time after time I have found patients who have complained of agonies in their wounds, and

I do not doubt have felt them, but whose pulses have been unmoved. They have had enormous pain, but no fever, no single sign of disturbance of their general nutrition; they have had spasmodic movements of their limbs, tremblings, and rigors, but no mischief has followed. Besides, the same mobility of mind which makes these patients very fearful before an operation makes them hopeful directly after it; and amongst all the people that can in any sense be called invalids, I know none who more generally pass through the consequences of operations with impunity than do those who are commonly called nervous, and whose nervousness consists, if I may use the expression, in too great a vivacity of their whole cerebro-spinal system.

Sometimes you may be forced to operate during the continuance of an acute disease; and although the circumstances of the case may give you little choice as to whether you should operate or not, it is well to be aware of the degree in which the acute disease may influence the result of your proceedings.

Patients with ague bear operations as well as others of the same class; but, in the course of their recovery, they may alarm you by having one or more ague-fits, exactly resembling those that precede pyæmia. And more than this: if a patient has ever had ague, and, even many years afterwards, you perform an operation on him, ague may seem to be renewed in him at some short time after the shock, or loss of blood, or whatever other damage he may have sustained. I have so often noticed this that, whenever I hear of severe rigors following on any operation, I ask for a previous history of ague; and I have sometimes found that the patient has almost forgotten it in the long lapse of time since he suffered from it.

The question of amputation often arises when the patient is suffering with erysipelas, or with that spreading inflammation of the cellular tissue which is closely akin to erysipelas. I have often said to you that I look upon a secondary amputation as a confession of either a mistake or a disappointment. Either a primary amputation ought to have been done, and by mistake it was left undone; or if for any apparently sufficient reason it was not done, the necessity of doing the secondary amputation implies the disappointment of just hopes. I have spoken with this disparagement of secondary amputations because the necessity for them is so likely to come when the probability of success is reduced by the operation being performed while the patient is in acute disease. I cannot tell you the numerical increase of risk; but I believe that the mortality after amputations during erysipelas, or spreading cellular inflammation, would be found very much greater than that of primary amputations, or of secondary amputations done for merely wasting suppuration or irreparable local damage. I scarcely know any set of cases in which I have operated with less hope than in those of compound fracture, or similar injuries, in which the question is raised whether a patient, who seems dying with acute disease, may have what is called a chance of his life by amputation. In the large majority of such cases the chance by operation seems to me less than that of keeping the patient alive by the ordinary treatment of erysipelas, or whatever other acute disease he may be suffering with.

What are the chances of recovery from operations done during pyæmia? I think I can answer safely, that in acute pyæmia in which the patient has rigors once or more in a few days, and profuse sweatings, with very rapid pulse and breathing, and with delirium, and rapid wasting, or with dry tongue and yellowness of skin, or any considerable number of these symptoms, the probability of good is so small, and of harm so great, that you should refuse to operate. But in chronic pyæmia, when the disease requiring operation adds largely to the exhaustion from which the patient is suffering, the removal of the disease may be very proper. Suppose, for example, a patient with a crushed foot or a crushed hand, in whom signs of acute pyæmia have recently appeared. Whatever be the state of the injured part, I would not add the damage of an amputation to the burden that the patient already has to bear. But if the pyæmia have become chronic, attended with only wasting and sweating, and the formation of abscesses here and there, and if the injured part be manifestly useless, and a source of irritation or of exhaustion, the mere existence of pyæmia in the chronic form would not turn me from the operation required by the part.

The occasions for operating in any other than these acute diseases are not many, but

in diphtheria or croup you may have to perform tracheotomy, and during peritonitis a hernia may require operation. These are all cases of necessity, and their results are not materially affected by the general acuteness of the disease. If their local good is accomplished, the healing of the wound and the recovery of the patient may occur as in any ordinary case, unless, indeed (which I have never seen), a wound after tracheotomy should itself become diphtheritic.—*Lancet*, July 13, 1867.

HOSPITAL NOTES AND GLEANINGS.

Treatment of Menorrhagia at the London Hospitals.—In the ordinary practice of everyday life there are few conditions which the medical attendant is more often consulted about than those of which menorrhagia is a symptom. Or rather, perhaps (and here lies a great source of fallacy), he is consulted about the menorrhagia so often that he is led in many instances to look upon this *symptom* as a specific disorder which will yield to specific remedies. And so, in that ardent yearning after knowledge which is so often seen for the first time in a newly fledged medical man who has just ceased to be a student, the question will be frequently asked, "What is a good thing for menorrhagia?" as who should say, "How do you cure the headache?" In referring to the subject here we do not of course suppose that our readers are likely to fall into a similar error, but we have collected from some of the hospitals a few hints respecting the treatment of the different pathological conditions of which this symptom is so frequently an exponent, and these will probably be interesting as well as useful.

St. Bartholomew's Hospital.—Dr. GREENHALGH remarks that in the treatment of this symptom (menorrhagia)—due to such a variety of causes, among which may be enumerated fibroid and fibrous tumours of the uterus, non-pedunculated and pedunculated; subinvolution, congestion, altered conditions of its mucous lining, fibrinous clots and other abnormal contents, malpositions, spongoid tumours of the cervix, malignant diseases, &c., occurring under such variable and widely differing circumstances, and varying so much in duration and intensity, and in its effects in individual cases—considerable modifications must of necessity be and are pursued; still, for the sake of dispatch and facility in dispensing, a certain routine is observed in the out-patient female department which will sufficiently indicate the usual course of treatment adopted by him in this institution. By far the greater number of cases of menorrhagia are due to fibroid or fibrous outgrowths or ingrowths from the uterus, which are mostly treated by a pill composed of one-twelfth of a grain of bichloride of mercury combined with quinine and belladonna, to which is frequently added small quantities of the aqueous extract of aloes, taken night and morning for some weeks; a mixture composed of dilute sulphuric acid, tincture of Indian hemp, mucilage, liquid extract of ergot, syrup, and infusion of quassia, three or four times a day, being ordered just prior to and during the catamenial flow. Between the "periods" a draught of iodide or bromide of potass, with the liquid extract of ergot, sal volatile, and infusion of quassia, is given twice a day. If the loss of blood have been very great, or the patient be anæmic, the tincture of sesquichloride of iron with the liquid extract of ergot, chloric ether, syrup, and infusion of quassia, twice or thrice a day, with the pills, are prescribed. Where the patient is more or less plethoric, which is rarely the case, the sulphate of magnesia and digitalis, either with dilute sulphuric acid or salines, and scarifications or leechings of the cervix uteri, are found most serviceable. In cases of subinvolution of the uterus, attended with menorrhagia due to imperfect recovery from labour or miscarriage, hyperlactation, or other affections leading to constitutional debility, especially in the strumous habit, the syrup of the iodide of iron with or without ergot, and with the pill above referred to, are found very efficacious. A similar course is pursued, sometimes with, sometimes without, the pills, where the commencement of malignant disease is the exciting cause of this symptom.

In cases of Bright's disease and other affections interfering with the stasis of the blood, gallic or tannic acid, usually combined with henbane, prove valuable hæmostatics, some preparation of iron with arsenic being usually ordered between the "periods." Where polypi, portions of retained ovum, or fibrinous clots are detected, they are removed.

Dr. Greenhalgh particularly draws attention to the frequency of menorrhagia as the result of collections of fecal matter in the large intestines and rectum, and of hepatic derangements occasioning mechanical irritation and congestions of the hæmorrhoidal vessels and uterus. For calculi, in addition to the pills, he prescribes repeated doses of the compound decoction of aloes, with tincture of nux vomica.

In all cases he recommends quiet of mind and body; rest in the recumbent posture; nutritious and unstimulating diet; cold acid drinks; tepid or cold water vaginal injections; great moderatinn or total abstinence from sexual excitement.

He now and then has recourse to the following means: Matico-cotton plugs or pessaries; astringent vaginal injections; sponge tents; iodide of lead, and atropine pessaries; iodized cotton; Hodge's and other pessaries in cases of misplacements of the uturus, &c.

Dr. Greenhalgh adds that, *cæteris paribus*, menorrhagia is more prevalent among women of lax fibre, more especially if they have had many children or abortions in rapid succession; in those subject to acne, pruritus, or eczema, and about the climacteric; in those of intemperate habits of various kinds, &c. He considers it is by no means always easy to determine whether the case is one of menorrhagia or threatened abortion.

University College Hospital.—Cases of menorrhagia pure and simple, and apart from the presence of some physical alteration of the uturus, are, according to Dr. Graily Hewitt's experience, very rare; and he has little belief in the efficacy of specifics for the cure of this symptom. The condition of the uterus causing the undue loss must be treated, whether it be flexion, polypus, commencing carcinoma, &c., in order to procure satisfactory results. In all cases Dr. Hewitt attaches much importance to rest during the "period." Daily use of the vaginal douche of cold water is a valuable means of diminishing the congestion and restoring the lost tonicity of the uterus. The tincture of iron, in doses of from fifteen to twenty minims three times a day, combined with a few drops of glycerine, is very frequently given, and found efficacious, where the system is debilitated from repeated losses of blood. In many cases Dr. Hewitt administers a few doses of ergot in powder (half a drachm three times a day).

The point to which the greatest attention is directed is the procuring an exact diagnosis of the state of the uterus. Obstinate menorrhagia is often, Dr. Hewitt says, found to be due to some physical alteration of the uterus, overlooked and consequently not treated. Of the latter class of cases, retroflection of the uterus is a most marked instance.

Great Northern Hospital.—For the last few years Dr. Murray has treated cases of menorrhagia—not dependent upon growths, displacements, or other causes requiring special and manipulative interference—by the combined use of gallic and sulphuric acids principally, with as much rest as can be obtained. The disease has generally shown itself in one of the three following forms: 1. Where at each period there has been a more decided loss than natural. 2. Where, from excessive debility, a bloody discharge has continued from month to month. 3. Where, after childbearing, a large uterus, with a patulous os is continually pouring out blood, and every now and then doing so in gushes accompanied by clots. In all these degrees of this troublesome and weakening complaint, Dr. Murray is in the habit of prescribing from five to ten grains of gallic acid with from fifteen to twenty-five minims of dilute sulphuric acid, twice or thrice daily, for a period sometimes extending over two months. Occasionally he has found the use of mustard applied over the sacrum every other night, or even a blister on the same spot, useful as a help in the third form of this hemorrhage. He has also advised the application of cold water to the lower part of the spine in cases of continued discharge (not leucorrhœal) between the periods.

As a rule, the patients, after taking the acid mixture for a few days or a week, notice a decided change for the better. The discharge may then reappear almost as much as before, but it is only for a day or two; and the result after a moderate course of these acids has been for the most part beneficial, and in many cases quite satisfactory.

Dr. Murray has not found the use of iron at all satisfactory; but he has administered it with good effect in some cases after a continuance of the acid mixture, and all arrest of hemorrhage for some time. The

use of vaginal injections has not been recommended by Dr. Murray; but in many cases cold-water enemata have been extremely useful at those moments when the gushes of blood with clots take place, a gentle non-irritating purgative being also given.

Charing-Cross Hospital.—Dr. Parson finds that there are scarcely any two cases of menorrhagia that can be treated alike; that there is virtually *no* line of treatment applicable to all cases; and that success generally depends on the accuracy of the diagnosis of the *immediate* or remote causes. He does not consider menorrhagia to be a disease *per se*, but only a prominent symptom of one or more of the following states, which are exceedingly common:—

Menorrhagia is one of the symptoms of metritis; of a granular condition of the mucous membrane of the cervix uteri; of polypi of the uterus; of mucous polypi of the cervix uteri; of fibroid tumours of the uterus; and of cancers of the uterus, &c.;—local conditions, some of which are benefited by local treatment, others not so.

Menorrhagia is frequently a symptom of some diseases remote from the generative system; and these, being *un*attended by any local lesions in the uterus or its appendages, are not usually benefited by any local treatment—such as the menorrhagia of general debility after suckling, or the menorrhagia resulting from congestion of the portal system, or in cases of congestion of the whole venous system in consequence of mitral or aortic obstruction; or of emphysema and chronic bronchitis inducing a similarly distended state of the veins, or as a consequence of kidney-disease and albuminuria, and in some cases of scorbutic nature. In these the treatment is *general*, and *not local*.

Rest, as much as possible, is recommended in *all* cases of menorrhagia; and the avoidance of household duties, at least for a few days, during the severity of the symptoms.

The astringent mixture in general use amongst the out-patients consists of tannic acid (from five to ten grains), dilute sulphuric acid (from twenty to thirty minims), and the liquid extract of ergot of the British Pharmacopœia (from five to ten minims) every four or five hours for the first few days. If there be much pain attending the menorrhagia, Dr. Parson usually orders from five to ten minims of the tincture of Indian hemp to each dose. Dr. Parson has never seen any ill result following the use of the Indian hemp, but he has generally employed it in the former combination, or with other astringents.

As a general rule, all the preparations of iron are avoided in menorrhagia, even though there be anæmia and pallor, since iron invariably increases the vascularity of the pelvic organs; and he employs the preparations of iron only when two or three menstrual periods have been passed normally.

Aloes also is avoided, in most of its preparations, in *all* cases of menorrhagia, since it is apt to increase the irritability and vascularity of the pelvic viscera.

Menorrhagia, associated with metritis is treated by astringents for the first few days. The bowels are regulated by a saline aperient—the bitartrate of potash in drachm doses, with quinine in half to one grain doses, taken every morning. After the period has ceased the usual treatment of metritis is employed.

Menorrhagia associated with a granular state of the mucous membrane of the cervix uteri is treated by astringents and tonics generally. A local astringent consisting of the solution of chloride of zinc (Burnett's), from twenty to thirty minims to every pint of water, is also used by the patient two or three times a day as a douche. Dr. Parson finds that a stronger astringent than this lor local application is seldom, if ever, required in these cases.

The cases of menorrhagia associated with polypi are not treated with any benefit as out-patients, but are admitted as in-patients of the hospital.

Cases of menorrhagia resulting from the presence of fibroid tumours of the uterus are treated usually as in-patients also.

Menorrhagia arising from cancer of the uterus usually resists all treatment. From twenty to thirty minims of solution of chloride of zinc to a pint of water often is more useful than any other douche in diminishing the fetor, and to some extent the amount of the discharges.

In the following cases of menorrhagia, where there are no local lesions of the generative organs, a brief summary of the treatment is as follows:—

From debility, it is treated by astringents during the period; after the period has

ceased tonics are employed, excluding iron and aloes until the tendency to excessive menstruation has ceased, then the preparation of iron with nux vomica or strychnine become valuable.

When depending on congestion of the portal system, it is relieved by a daily aperient of bitartrate of potash with quinia, and with or without five to ten grains of jalap in each dose, taken every morning, and avoidance of alcoholic stimulants.

Associated with mitral or aortic obstruction, menorrhagia is most difficult to relieve, and is treated on general principles—of diminishing the congestion of the pelvic organs as much as possible, and giving tone to the distended capillaries and veins.

Menorrhagia with emphysema or chronic bronchitis is also exceedingly difficult to relieve, and when relieved for a time, often returns.

Resulting from kidney-disease and albuminuria, it is treated by warm clothing; aperients daily of compound jalap powder with quinine, given in the mornings, and the sesquichloride of iron with nux vomica two or three times a day, generally with marked improvement.

When associated with spongy gums and a scorbutic state, it is treated by the citrate and chlorate of potash; the patient being directed to avoid all salted meat; to take the juice of half a lemon every day; occasionally tannic acid is given in addition.—*Lancet*, May 13, 1867.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Pennsylvania Hospital.—It appears from the recent Report of the Board of Managers of this old, well-conducted, and very useful institution, that the number of patients treated during the year in the Pine Street House was 1944, of which number 703 were in the medical, and 1241 in the surgical wards. Of the latter 733 were cases of accidental injuries. In the insane department at Blockley 526 were under treatment.

We are glad to learn from the report that the appeal made last year for subscriptions to the funds of the Pine Street Hospital has been liberally responded to, and we trust that additional contributions will continue to be made until this valuable charity shall be no longer restricted in its efforts to afford relief to the needy sick and those injured by accidents.

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Hospital Reports.—It is announced that a volume of reports is to be issued next year by the Medical and Surgical Staff of the Pennsylvania Hospital.

It is also stated that an annual volume of reports of interesting cures occurring in Bellevue Hospital is to be issued by the Medical and Surgical Staff of that hospital.

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College of Physicians and Surgeons of New York.—Dr. F. J. Bumstead has resigned the Lectureship of Materia Medica in this school, and accepted the appointment of Professor of Venereal Diseases. Dr. James McLane has been appointed to fill the vacancy caused by the resignation of Dr. Bumstead.

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A Medico-Legal Society has been instituted in New York, composed of members of the medical and legal professions, and its object is the discussion of all matters pertaining to forensic medicine. Such a society must be productive of much good in various ways, and we wish a similar association were formed in this and other cities.

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University of South Carolina (*Columbia*).—A Medical Department has been organized in this University. The faculty consists of John T. Darby, M. D., Professor of Anatomy and Surgery; A. N. Talley, M. D., Professor of Principles and Practice of Medicine and Obstetrics; Joseph Le Conte, M. D., Professor of Chemistry and Pharmacy; M. LaBorde, M. D., Professor of Physiology and Hygiene; John Le Conte, M. D., Professor of Materia Medica and Medical Jurisprudence. The medical course commences on the first Monday in October, and continues for nine months.

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Medical Society of West Virginia.—This Society will hold its first semi-annual session at Wheeling on the 2d of the present month (October).

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Yellow Fever.—This disease is prevailing to a fearful extent along our gulf coast. At Galveston its type is most malignant, and many valuable lives have fallen victims to it; among others General Griffin, the commander of the fifth military district.

At New Orleans, Corpus Christi, Indianola, Dry Tortugas, Lavacca, Lagrange, and Victoria it is also epidemic. The deaths from the disease in New Orleans on the 23d of September, are reported to have been 82, and the total mortality from the commencement of the epidemic to the morning of Sept. 21st was 1214.

Jamaica is suffering severely from the disease, and the naval service has lost from it Drs. Duir and Richardson. It prevails not only at Kingston and Port Royal and among the shipping in the harbor, but has become epidemic on the hill station at Newcastle, where eighteen deaths have occurred; and the towns on the north side of the central ridge have begun to suffer.

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Remarkable Rain Fall.—During August rain fell in Philadelphia on twenty days, and the entire rain fall amounted to 6.84 inches, while in 1866 the amount of rain during the same month was only 2.56 inches, and the average of seventeen years was 4.52 inches. During the summer of 1867 the rain fall was 30 82 inches; in that of 1866, 8.47 inches; and the average of sixteen years 12.86 inches.

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Weather (Meteorological) Chart.—Dr. Wm. F. Thoms, Physician to the New York Dispensary, &c., has prepared a very interesting chart showing the effects of the meteorological influences on mortality in the city of New York during the year 1866.

His object in the preparation of this diagram is to endeavour to systematize our studies in this direction, and to show the relationship between the weather and public health.

This diagram is divided into months and weeks; horizontal lines are used as a scale for temperature, barometer humidity, and mortality, and waved lines to show the variation in the weather each week in the year, and its influence on health as represented by the mortality.

The chart is divided into columns, each one representing a week, and containing besides the waved lines and stars the figures representing the highest, lowest, and mean height of barometer, highest and lowest mean height of thermometer. mean humidity, inches of rain, days of easterly and westerly winds, days of clear and cloudy weather, and the effects of these meteorological influences on the mortality from all causes, mortality from all diarrhœal diseases, cholera, pneumonia, and typhus and typhoid fevers.

The following example will illustrate the plan which has been adopted in the preparation of this diagram: —

In the week ending July 21st, which is the 29th week in the year, the weather was

Mean temperature thermometer, .	83°
Highest range of temperature, . .	102°
Lowest " " " . .	60°
Mean weight of atmosphere, barometer, ...	29.96
Highest range of barometer, . .	30 10
Lowest " " " . .	29.87
Mean humidity (saturation 100), .	48.00
Inches of rain, ...	1.40
Days of easterly wind, ...	4
" westerly "	3
" clear weather, ...	4
" cloudy weather, ...	3

The influence on the public health, as shown by the mortality, was

Total mortality from all causes, .	1362
Mortality from all diarrhœal diseases,	442
Cholera, ...	43
Pneumonia, ...	18
Typhus and typhoid fevers, . . .	16

This diagram also furnishes a plan for the systematic arrangement of observations on the weather, so that they can be compared with each other, each year, month or week, thus making the science of meteorology practical.

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The Physician's Visiting List for 1868.—Messrs. Lindsay & Blakiston have just issued this well-known aid to practitioners. It is, in our opinion, the simplest and most convenient of the publications of its kind, and certainly we have not seen one which we would be willing to use as a substitute for it.

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Medical Institute.—Robert Bolling, M.D., James H. Hutchinson, M. D, and Lenox Hodge, M. D.

We take pleasure in calling attention to this School for medical instruction. The course of *winter examinations*, which will begin with the lectures at the University of Pennsylvania, and will continue until the close of the session.

Office students are received for the whole or part of a three years' course of study; and they will be admitted to the summer School and to the winter examinations. Cli-

nical instruction will also be provided for them at the Pennsylvania, Philadelphia Episcopal, and Children's Hospitals. Special instruction will be given in Microscopy, Practical Anatomy, Percussion and Auscultation, Practical Obstetrics, and Pathology. Students will be enabled to examine patients with diseases of the heart and lungs, to attend women in confinement, and to make microscopical and chemical examinations of the urine.

Class rooms contain a cabinet of Materia Medica, Bones, Bandages, Manikins, Illustrations, Text-Books, Microscope, Chemical Reagents, etc. In them the students may study, practice bandaging, and conduct microscopical and chemical examination.

The Society of the Medical Institute meets once every month; essays are read, and medical subjects discussed by the members.

During the year, lectures will be delivered on Surgical Diseases of Women, Percussion and Auscultation, Microscope, Surgical Diseases and Injuries, and Urinary Deposits and Tests.

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Jefferson Medical College—Winter Examinations.—Drs. Dunglison, Duer, Maury, and Keen will commence their course of winter instruction, in connection with the lectures of the Jefferson Medical College, in October. Examinations will be held daily in their rooms, Chant Street. The course will be thoroughly illustrated by a cabinet of materia medica, models, plates, drawings, the microscope, &c. Instructor of medicine and chemistry, Dr. Richard J. Dunglison; obstetrics and practice, Dr. Edward L. Duer; Surgery, Dr. F. F. Maury; anatomy and materia medica, Dr. W. W. Keen.

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Philadelphia School of Anotomy, Chant Street (Tenth Street, near Chestnut).—Dr. Wm. W. Keen will commence his winter course at the school on Tuesday, October 15th, 1867, and will continue until the 1st of March, 1868. A systematic course of lectures on descriptive and surgical anatomy will be delivered on Mondays, Tuesdays, Thursdays, and Fridays at 7 P. M., illustrated by dissections, models, drawings, &c. The microscopic anatomy of the various tissues will be shown by the class microscope.

Dissections will be carried on under the direct and personal supervision of Dr. Keen and his assistant demonstrators of anatomy. The rooms will be open also during all the month of September, and be well supplied with material.

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Reception Supper to Prof. N. R. Smith.—The medical profession of Baltimore gave a supper to Prof. N. R. Smith, on Thursday evening, Sept. 19th, on the occasion of his return from a short visit to Europe. Dr. Richard McSherry, on behalf of the profession, tendered to the Professor a cordial welcome, in a very laudatory speech, to which Prof. Smith appropriately responded. Speeches were also made, after supper, by Prof. Gross, Dr. Miltenberger, Dr. Ninian Pinkney, and others. This evidence of the esteem in which Prof. Smith is held by his brethren in Baltimore must have been highly gratifying to him, and has been well earned by his eminent services.

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Obituary Record.—Died, in Boston, in August, 1867, in the 90th year of his age, James Jackson, M. D., long the acknowledged and revered head of the profession in New England. Dr. Jackson held for twenty-four years the professorship of the theory and practice of medicine in Harvard University, and, on the organization of the Massachusetts General Hospital, he was elected physician, which position he ably filled for upwards of twenty years. The qualities which distinguished this estimable physician were, to use the eloquent language of Dr. Jacob Bigelow, "habits of unsparing application, a power of rapid acquirement, and of ready adaptation of knowledge to use. To these were superadded the high moral attributes of an uncompromising love of truth, of justice to the claims of others, of a deep sense of the responsibilities of his profession, and a devotion amounting almost to parental love towards those who had become the objects of his professional care. Excelling his contemporaries in the extent of his professional erudition; vigilant in observing the yearly progress of his science, as it tended to good or to evil; studious and retentive of the peculiar features of each succeeding case that passed under his observation; cheerful, hopeful, courageous and buoyant in the presence of the sick—he received during his extended life, more than any man among us, the deference of his compeers, and the

ardent, grateful, and almost filial reliance of those who in sickness leaned on him for succor, or in danger looked to him for rescue."

FOREIGN INTELLIGENCE.

Fungous Origin of Cholera.—Prof. Hallier, of Jena, claims to have discovered, in the forms of fungous growth of definite and special characters, the true contagium of cholera. The occurrence of torula-like cells in cholera, and indeed in many different diseases, is no novelty; the interest attaching to Hallier's statements consists in the fact that his cholera fungus is altogether special in origin, in nature, and in behaviour, whilst concomitant circumstances lend great probability to his main assertions.

Hallier's observations were made in 1866–7 at Berlin and Eberfeld on cholera vomit and stools. The peculiar vegetable elements in the stools consisted of fine filaments, which were found at the upper part of the fluid, and of cyst-like bodies which were highly refractive, of yellowish or brownish colour, and which sank to the bottom. The cyst-like bodies contain highly refracting coloured spores, which after a time become free by the rupture of the cell-wall. The spores then divide and subdivide, giving rise to collections or little heaps of small cells, and Hallier calls these "colonies" of micrococcus. The smallest cells attach themselves to particles of animal matter, and seem by their growth to lead to their destruction. From the same cells torula forms develop and finally pass into the oïdial stage. In cultivating the fungus in sugar Hallier obtained *mucor* and *penicillium*-like growths; on starch paste the result was much the same, and on muscular tissue the cyst form was more marked; the fungus grown on paste which had been boiled with tartrate of ammonia led to the formation of the cysts in their most perfect condition, and the counterpart of the *Urocystis occulta* which infests cereals was produced. This latter form (urocystis) Hallier has never been able to produce artificially from oïdial forms of fungus, but only from cholera stools. These facts have led Hallier to believe that this particular form is peculiar to cholera evacuations, and that it is the active agent in the evolution of the disease. From the fact that it requires a high temperature for its development, he believes moreover that the urocystis is not and cannot be acclimatized in Europe, but that it travels in the intestines of cholera patients from India, and finds in summer the necessary temperature for its increase. The fact that it requires the presence of nitrogenized matter for its growth is another interesting point in reference to the well-known influence of water and air poisoned by excrementitious matter in aiding the outbreak of cholera.

The urocystis is a form of blight common on rice; and Hallier believes that it finds its way to the human intestines from the diseased rice plant. This view of the matter derives interest from the view propounded by Dr. Tytler many years since—that the use of diseased "ergoted" rice induced cholera. Hallier has attempted to experimentalize on this point. He planted rice under conditions similar to those which obtain in India, and watered them with cholera stools. The rootlets of the plants were soon found to be perforated by fungous threads, and the cells of the intercellular spaces became rapidly invaded by "micrococcus" elements, whilst the tissues themselves began to atrophize; but the attempt to obtain the cyst form was unsuccessful. Still the stage anteceding its formation was distinctly reached. The field of experiment open is, in truth, a vast and promising one; and it is to be hoped that some thoroughly scientific work will be at once undertaken in this matter. We must admit, then, that in the intestinal contents in cholera has been found a special form of fungus analogous to that which produces "blight" in rice; and that probably the two may be related in regard to source.

Now, what influence has this urocystis, or could it have in the generation of cholera? Microscopic fungi prevail contemporaneously with epidemic disease. That we well know. The cholera urocystis seems clearly, in its growth, to have the power of disintegrating the intestinal epithelial tissues, and indeed all nitrogenized matters, which constitute its pabulum. Epithelial denudation is believed by many to be the starting point of cholera. But it has yet to be shown that the introduction of the urocystis into the intestines of a subject surrounded by the best hygiene would give rise to cholera. The results of modern research tend to show that for such a result

to take place—supposing the fungus to take any active part—the intestines ought to contain a state of the fluids different from health, and suited specially to the development of the urocystis. The growth of a fungus in any fluid alters the character of that fluid, and it may be that the generation of some subtle compound is favoured by the action of the "cholera fungus" upon fluid, and that this is the immediate cause of cholera, whilst the fungus itself may or may not have some additional effect locally on the tissues. —*Lancet*, Aug. 31, 1867.

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Cholera Conference at Weimar.—A Conference of sixty most eminent physicians was held at Weimar on the 28th and 29th of April last. At this meeting it was agreed that the especial points to be, for the future, investigated, and the particular subjects in regard to which facts should be collected, are :—

1. Investigations respecting the lower organisms in relation to cholera. 2. The influence of water, whether used for drinking, household, or other purposes, in propagating the disease. 3. The study of the soil and springs. 4. The searching after facts which may show whether cholera can be conveyed by contact, by articles of dress, &c. 5. The effects of the prevalence of diarrhœa. 6. On the spread of cholera by ships. 7. On the possible contamination by goods.

It may be added that Drs. Klob (Vienna) and Thomé (Cologne) have discovered in dejections and the intestinal mucus of patients who had died of cholera a peculiar fungus, which they minutely describe. Further researches are, of course, indispensable on this head.—*Lancet*, June 1, 1867.

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Cholera —This disease is prevailing in Europe. Italy has suffered most, the epidemic prevailing from the southern coasts of Naples to Milan. At Palermo and Catania, the disease reached its highest intensity. The American Consul at the former place writes under date of August 30th, that as many as 500 cases daily had occurred in that city, but that at that date the ravages of the pestilence had decreased. The total number of victims in less than one year had been about ten thousand, or five per cent. of the whole population.

Albano, a town in the environs of Rome, with a population of about 5000, has suffered a mortality of 50 a day. Frascati has suffered nearly as much.

At Messina it broke out about the middle of August, and in three days there were upwards of 150 cases with nearly 100 deaths.

It is also said to have broken out at Aden on the Red Sea. It has also broken out at Venice and Pesth.

The disease is prevailing in Holland. At Rotterdam and the neighbouring towns and villages it has proved terribly fatal.

In England it has not appeared as an epidemic, though isolated cases have presented. A case was admitted into the London Hospital on the 27th of August, another on Sept. 1st, and a third Sept. 2d.

At Nicaragua the cholera has broken out with violence, depopulating whole villages on the north coast.

In the United States, with the exception of some cases which occurred on the line of the Pacific Railway east of the Rocky Mountains, it has not committed any extensive ravages or appeared as an epidemic.

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Trichiniasis.—This affection has again appeared at Haberstadt, and several of the inhabitants have suffered from it.

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Discovery of a New General Anæsthetic. —Dr. Richardson takes with him to the meeting of the British Association for the advancement of science a new general anæsthetic. The fluid is a bichloride of methylene, its composition being on the new formula CH_2CL_2. The substance has an odour as sweet as that of chloroform, but it boils at 88° Fahr., whereas chloroform, the terchloride of methylene, requires a temperature of 142° for boiling. The bichloride of methylene rapidly and easily narcotizes animals to perfect anæsthesia. It causes scarcely any excitement, and recovery is most perfect. In action it seems to combine the properties of chloroform and of ether, but it is more readily administered than either, and its effects are more permanent. In a future number we shall give a more detailed account of all the facts regarding this substance. We notice it now as forming part of the report on the methyl series about to be presented by Dr. Richardson to the British Association, in continua-

tion of his former reports on the amyl and the ethyl compounds.—*Med. Times and Gaz.*, Sept. 7, 1867.

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Chlorine Disinfection.—A communication on "Disinfection by Euchlorine in Continuous and Regulated Flow," of a very practical character, was recently made to the Manchester Medical Society by Mr. Stone, the professor of chemistry at the Manchester School of Medicine. In 1866, Mr. Stone was called upon to advise the justices of the Hundred of Salford as to the best means to be taken with the view of preventing the spread of cattle plague, and he drew up a report recommending that a uniform and systematic process of disinfection by chlorine be undertaken by a portion of the police constabulary (119 men); and this was carried into effect, each officer being provided with a suitable kit, containing every requisite for the generation of the gas, and a dress enveloping their ordinary clothes. This arrangement operated very beneficially. The chlorine was generated by dropping a few grains of chlorate of potash from time to time into a wine-glass two-thirds full of muriatic acid. This was done twice a day in all shippens. The clothes of the persons employed in disinfecting were expeditiously chlorined in this way: a small bandbox was made, perforated with holes and lined with sponge; into this box pumice-stone wetted with strong hydrochloric acid was put, and then a pinch or two of powdered chlorate of potash added; this box, together with the clothes, were put into an oil-skin bag together for a while, and constituted, on a small scale, a "portable quarantine hospital."

Incited by the success of his chlorine system, Mr. Stone has attempted to adapt it to medical wants and requirements, and has made an apparatus which will continuously and with graduated flow supply chlorine in such a way as to be available for use in the sick chamber or the wards of an hospital. As a substitute for disinfection by chloride of lime, it is infinitely preferable for obvious reasons. Hitherto the physician has possessed no mechanism by which he could regulate the amount of chlorine generated, but Mr. Stone's arrangement is apparently free from this objection, and its utility should be tested by the profession.—*Lancet*, Aug. 31, 1867.

Oxidation of Alkaloids in Cortex.— Some very interesting experiments have recently been made by Dr. Davy on the changes which occur in vegetable substances when kept under different circumstances, and they would seem to show that by exposure to the oxidizing action of the air the alkaloids in the cortices of various trees may undergo considerable alteration in composition, and give rise to principles altogether different from those which exist in the freshly obtained bark. If this be so, it has an important bearing upon the question of therapeutics. There is *à priori* much reason to think that the results of Dr. Davy's experiments express a truth of wide applicability. Dr. Davy found that some twigs from branches of one of the poplars after a while acquired an odour exactly like that of the meadow-sweet (spiræa ulmaria), and he found that this change occurred not from accident but naturally, and that the odour was due to hydride of salicyl formed normally in the flower of the spiræa ulmaria. The poplar contains salicin and populin, and both these afford the hydride when oxidized; but Dr. Davy thinks it is from the populin that the hydride of salicin is obtained. In the change noticed grape-sugar is also produced. It is the bearing of the question on the all-important subject of the modification of the character of the contents of "barks" by keeping that possesses interest to the physician.—*Lancet*, Aug. 31, 1867.

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Cysticercus in the Brain.—Dr. John Harley brought forward an interesting case, in a pathological point of view, at the Medico-Chirurgical Society on Tuesday night, illustrating the development of the larval form of the common tapeworm in the substance of the brain, about sixty cases of which are on record; the affection is, therefore, a rare one. The subject of the present case was a healthy boy, fifteen years old. He died of acute rheumatismal pericarditis and encephalitis after a week's illness. Only a solitary larva was found in the body, and this was imbedded in the right corpus striatum and slightly projecting into the ventricle. The cyst was no larger than a pea, and contained within its interior the retracted head and neck of the parasite. The species was distinguished by the large size of the great curvature and the strong bases

of their hooklets, and by the development of dark violet pigment granules about the hook sacs. The boy had always enjoyed good health, and the only evidence of cerebral disorder was manifested during the last two months of his life. It consisted of frontal headache and an uncontrollable tendency to sleep—symptoms which were probably caused by the presence of the parasite. —*Lancet*, May 13, 1867.

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Meetings of Important Associations.—The *International Medical Congress* convened in Paris on the 16th of August and continued in session until the 26th.

The *British Medical Association* was held in Dublin on the 6th, 7th, 8th, and 9th of August.

The *British Association for the Advancement of Science* held its thirty-seventh annual meeting at Dundee on the 4th of September.

At each of these meetings important and interesting investigations and opinions were promulgated, which want of space prevents our noticing at present, but we shall endeavour in our next number to give an abstract of those most likely to instruct and interest our readers.

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Losses of the Prussian Army during the recent War.—The number of the *Journal of the Royal Statistical Office*, just published at Berlin, gives the first official report that has been issued of the losses of the Prussian army in the last war. The total number of the wounded was 669 officers and 15,508 men; of those who remained on the field, 178 officers and 2753 men; of those who died of their wounds, 64 officers and 1435 men; and of those who died of illnesses contracted during the campaign, 53 officers and 6734 men. The total loss amounts to 315 officers, 10,562 men, and 6490 horses. The number of officers wounded was relatively twice as great as that of the private soldiers.

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Sale of Medical Diplomas.—"At a recent meeting of the British Medical Association, Sir Dominic Corrigan made the following observation regarding the German and American licensing bodies, which we consider must be taken *cum grano salis*. He said: 'It is notorious, that both in Germany and in America, there are universities that sell their diplomas, just as they sell beer or Indian corn, to all who can afford to pay for them.' As regards our American Cousins, as they speak our language, and read our medical journals equally with ourselves, it is not necessary for us to do more than point out to them the above passage, and leave them to either acquiesce or refute the assertion of the learned baronet. At the same time, we must own that Sir Dominic Corrigan's assertion has taken us a good deal by surprise, for in no country is medical education better looked into, and no country can boast of more advanced teachers, or of a more high-classed medical literature. That there are quacks in America, we can believe equally well as we believe and know that such persons exist in our own country; but when it is stated that American Universities sell their diplomas to all that can pay for them, just as beer or corn is sold, it is, in our humble opinion, clap-trap, and merely one phase of medical monopoly, which does not understand that international medical free trade does not mean international quackery. It is considered lawful for English corporations to give degrees as honorary distinctions to registered practitioners of well-known standing and ability, with either a very modified examination, as in the case of registered practitioners seeking the license of the London Royal College of Physicians, or with none at all, as has lately been shown at the last meeting of the British Medical Association in Dublin, or as yearly happens when the fellows of the London Royal College of Physicians are elected. We do not see why British colleges, which take upon themselves to decorate members of the British profession, should have a monopoly in this matter, and seek to exclude foreign universities from granting their diplomas to qualified British practitioners. To do this is not wrong, but an international medical courtesy that we wish were more cosmopolitanly followed than it is at present. Thus much we have felt it our duty to remark upon the question of American degrees, while as regards German medical titles, we have extreme pleasure in stating, from a knowledge of German customs that Sir Dominic Corrigan would seem not to possess, that there is no university in Germany that will give to an unqualified man its degree. They all examine qualified medical men according to the number and extent of their diplomas,

and their status in the medical world. When Sir Dominic Corrigan can buy for his butler a German medical university degree as he would buy him a cask of 'Bairisches bier,' then, and not till then, will we accept his hasty statement, which speaks more of international discourtesy and insular ignorance, than of much acquaintance with the scientific condition of the German people."—*Medical Mirror*, Sept. 1867.

[We thank our English contemporary for his prompt and spontaneous defense of American universities against the hasty charge made against them by Sir Dominic Corrigan. It has been shown elsewhere (*Am. Journ. Med. Sci.*, Oct. 1867) that the accusation made specifically against one of our medical schools was wholly groundless, and we doubt not it is equally so as regards all other schools of legitimate medicine.

Dr. Wilbrand, Dean of the medical faculty of Giessen, emphatically denies the accusation against that school. The fact seems to be, that Sir Dominic has been egregiously hoaxed, and, in his eagerness to utter something astounding, has never stopped to inquire into the credibility of his informer. He has consequently been victimized, for which, under the circumstances, few will pity him.]

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The Empress Charlotte.—The treatment to which the unfortunate widow of Maximilian has been subjected by her medical attendants has been severely criticized, and we suspect justly so, in the English medical journals. The editor of the *Lancet*, August 24, 1867, remarks:—

"It is with much satisfaction that we hear that the unfortunate ex-Empress of Mexico has been placed under the care of that very able and distinguished physician, Dr. Bulkens. The accounts which from time to time have been published in the newspapers, and the private reports which have reached individuals, though fragmentary and incomplete, have conveyed enough information about the treatment to which the Empress was submitted at Miramar to arouse the greatest uneasiness in the minds of English alienist physicians. Solitude, silence, and gloom of every kind seemed to have been her surroundings; while there was too much reason to believe that an absolute system of Court etiquette was permitted to interfere with those vigorous measures which must be taken with the melancholic insane in order to insure their being properly supported with the sustaining nutriment that is indispensable for the reparation of the exhausted nervous system."

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Herbalism in England in 1867.—Next to bonesetters, *perhaps*, the most favoured class of offenders that comes before a British jury is that of the herbalist. There is a charm in the mere name which disarms law and tempers judgment. It is so potent that the herbalist may be unfaithful to his name, and use the most irritant mineral substance in the most doubtful circumstances; and yet after a "brief" consultation, the jury will be apt to find him "not guilty," to the ill suppressed satisfaction of a sympathetic court. This is one of the ultimate facts of English law courts, illustrated by many previous cases, and lastly by the case of Isaac Chamberlain, the herbalist, of Hertford, who, at the late assizes there, was "charged with the manslaughter of Mary Anne Parish, by administering to her an ointment containing arsenic." It is always a hopeless thing to quarrel with ultimate facts: and we have no intention of doing so in this case. It is not for the medical profession to complain if English law and English feeling authorize the bonesetter and the herbalist to take medical and surgical liberties with the human frame. This is the business of the public.—*Lancet*, July 27, 1867.

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Obituary Record.—Died, in Paris, on the 24th of August, after a very short illness, in the 73d year of his age, Armand L. M. A. Velpeau, one of the most eminent surgeons of the day, and a voluminous writer. He was professor of clinical medicine in the Paris faculty, member of the Academy of Medicine and of the Academy of Science, commander of the Legion of Honor, etc. etc.

—— At Hampton-Court, near London, August 25th, Michael Faraday, F.R.S., one of the most eminent philosophers and chemists of Great Britain, in the 75th year of his age.

—— Suddenly, in London, from rupture of an aneurism of the basilar artery, aged 35 years, P. Victor Bazire, M. D., assistant physician to the National Hospital for the Paralyzed and Epileptic, and translator of Trousseau's Clinical Lectures.

—— Sept. 8th, of apoplexy, aged 74 years, John Propert, founder and treasurer of the Medical Benevolent College.

A TREATISE ON THE PRINCIPLES AND PRACTICE OF MEDICINE;

Designed for the use of Students and Practitioners of Medicine. By AUSTIN FLINT, M. D., Professor of the Principles and Practice of Medicine in Bellevue Hospital Medical College, New York. Second Edition, Revised and Enlarged. In one large and closely printed octavo volume of nearly 1000 pages; handsome extra cloth, $6 50; or strongly bound in leather, with raised bands, $7 50.

The unusual favor with which this work has been received by the profession shows that it has succeeded in meeting a want generally felt of a full, but concise and compendious system of practice, which should present the results of the latest views and investigations. From a very large number of commendatory notices by the medical press of America and England a few extracts are presented.

We are not sure that the Americans are not far excelling us in this class of literature. They have a way of doing things thoroughly, which is seldom equalled, and, perhaps, never surpassed. So exhaustive was the first edition of Dr. Flint's treatise, that we could scarcely have expected as much revision in a new issue called for so soon. We look upon the whole, now we have gone through it, as a most satisfactory exposition of the principles and practice of modern medicine. If requested to signalize its better portions, we might be tempted to name the diseases of the respiratory and circulatory organs, the descriptions of which are most careful and accurate, and would serve as models of conciseness and completeness. At the same time, a similar commendation on the account of the brain and nervons system generally is equally deserved. The same remark is applicable to other parts, so that, as a whole, we can confidently recommend this volume to both students and practitioners. The former may make it their text-book, and the more familiar they are with it, the more easily will they pass their examinations. The latter should, first of all, peruse it to refresh their memories, or to bring them *au courant* with the most advanced state of knowledge, and then place it on a handy shelf, that they may use it constantly as a book of reference on the many points that continually turn up in the daily routine of practice.—*Dublin Med. Press and Circular*, July 17, 1867.

Dr. Flint, who has been known in this country for many years, both as an author and teacher, who has discovered truth, and pointed it out clearly and distinctly to others, investigated the symptoms and natural history of disease and recorded its language and facts, and devoted a life of incessant study and thought to the doubtful or obscure in his profession, has at length, in his ripe scholarship, given this work to the profession as a crowning gift. If we have spoken highly of its value to the profession and world; if we have said, all considered, it is the very best work upon medical practice in any language; if we have spoken of its excellences in detail, and given points of special value, we have yet failed to express in any degree our present estimate of its value as a guide in the practice of medicine. It does not contain too much or too little; it is not positive where doubt should be expressed, or hesitate where truth is known. It is philosophical and speculative where philosophy and speculation are all that can at present be obtained, but nothing is admitted to the elevation of established truth, without the most thorough investigation. It is truly remarkable with what even hand this work has been written, and how it all shows the most careful thought and untiring study. We conclude that, though it may yet be susceptible of improvement, it still constitutes the very best which human knowledge can at present produce. "When knowledge is increased," the work will doubtless be again revised and enlarged; meanwhile we shall accept it as the rule of practice.—*Buffalo Med. and Surg. Journal*, Feb. 1867.

The appearance of the second edition of this valuable work within so short a period after the first, does not particularly astonish any one who knows the popularity of its author as a teacher and scholar. We expected this when the book first appeared, and are only too happy to so soon verify our prediction. The present edition has been much enlarged and thoroughly revised.—*New York Med. Record*, Jan. 1, 1867.

It is replete with a vast amount of information, and will amply repay the practitioner of medicine for its perusal by the interest and value of its contents.—*The Glasgow Med. Journal*, July, 1866.

This portly work is excellently adapted for the purpose it is designed to serve. Readers in England will especially notice, as indications of the excellency of the book, carefully written accounts of epidemic cerebro-spinal meningitis, and progressive locomotor ataxy (Duchenne's disease), affections which have not yet found a proper place in English systematic treatises.—*Ranking's Abstract*, July, 1866.

Dr. Flint's book is the only one on the practice of medicine that can benefit the young practitioner.—*Nashville Medical Journal*, August, 1866.

No American practitioner can afford to do without Flint's Practice.—*Pacific Med. and Surg. Journal*, Feb. 1867.

We are happy in being able once more to commend this work to the students and practitioners of medicine who seek for accurate information conveyed in language at once clear, precise, and expressive.—*Amer. Journ. Med. Sciences*, April, 1867.

We consider the book, in all its essentials, as the best adapted to the student of any of our numerous text-books on this subject.—*N. Y. Med. Jour.*, Jan. 1867.

In the plan of the work and the treatment of individual subjects there is a freshness and an originality which make it worthy of the study of practitioners as well as students. It is, indeed, an admirable book, and highly creditable to American medicine. For clearness and conciseness in style, for careful reasoning upon what is known, for lucid distinction between what we know and what we do not know, between what nature does in disease and what the physician can do and should, for richness in good clinical observation, for independence of statement and opinion on great points of practice, and for general sagacity and good judgment, the work is most meritorious. It is singularly rich in good qualities, and free from faults.—*London Lancet*, June 23, 1866.

We take pleasure in recommending to the profession this valuable and practical work on the practice of medicine, more particularly as we have had opportunities of appreciating from personal observation the author's pre-eminent merits as a clinical observer. This work is undoubtedly one of great merit, and we feel confident that it will have an extensive circulation.—*The New Orleans Med. and Surgical Journal*, Sept. 1866.

Upon a careful examination of this work, we have no hesitation in recommending it as one more nearly representing the existing state of the science and art of medicine, and more nearly reflecting the views of those who exemplify in their practice the present stage of a progressive pathology, than any other American book upon practical medicine. Upon the whole we would most earnestly recommend Dr. Flint's work to the profession as possessing claims to merit of the highest order.—*Atlanta Med. and Surg. Journ.*, Aug. 1866.

HENRY C. LEA, Philadelphia.

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CLINICS.

CLINICAL LECTURE.

Clinical Lectures on the Various Risks of Operations.—By JAMES PAGET, F.R.S. Delivered at St. Bartholomew's Hospital.

LECTURE II. Part I.—In my last lecture I told you what I believe about the several degrees of risk incurred by persons of various ages, habits, and constitutions, when submitted to surgical operations. The questions involved in trying to estimate these risks are very difficult, even in their simplest forms; and the difficulties are subject to manifold increase, when, as commonly happens, varieties of habit, constitution, and general disease are variously interningled. Nor can they be limited even within these complications; for often we have to operate when local diseases add their interferences to those of peculiarities of constitution or of habits.

I refer to all these difficulties, not to magnify the value of anything that I can tell you, but to justify my speaking doubtfully on many points, and talking of belief rather than of knowledge. I must thus speak, especially, when referring in this lecture to the influence of local diseases on the risks of operations; for of these no man's life can be long enough, busy enough, and thoughtful enough, to enable him to gather such experience as can justify positive assertions. I cannot pretend to have attained to more than such beliefs, as being vague, we vaguely express by speaking of impressions more or less strong. I might doubt whether such beliefs should be promulgated, if it were not certain that much of our most useful practice is founded on similar beliefs. We may be very ready to call them knowledges, but they do not deserve the name; and yet we must practise in accordance with them; just as in all the affairs of

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ordinary life, when certainty is not attainable, we are bound to act upon the highest probability that we can discern.

With this understanding let me tell you what I can of how various local diseases influence the results of operations.

Amongst affections of the organs of digestion, I have no experience whatever of the influence of organic disease either of the stomach or intestines. From ordinary gastric dispepsia, associated with a moderately healthy condition of other organs, you will very rarely find any serious results on the consequences of operations. I have seen nothing worse than vexation from flatulence, heartburn, and the like symptoms of what we suppose to be mere functional derangement of the stomach. They need that the patient should be carefully dieted, but nothing more. But I believe that dyspepsia may become a serious complication in any of the very few cases in which large feeding is necessary, especially if it be such dyspepsia as is often attended with vomiting. You should always inquire about such symptoms as even occasional vomiting; for besides those troubles that may arise after operations, I think that of an untoward bearing of chloroform must be reckoned as among its risks. Certainly, some of the worst effects of chloroform I have seen, with long-continued vomiting, and the consequent great exhaustion, have been in persons in whom it appeared to have aggravated a natural irritability of the stomach. Remember, too, what I have said about feeble digestive powers in old persons, and how their stomachs are apt to knock-up after operations.

Among the diseases of the intestines, dysentery, and even the effects of dysentery long past, prove themselves very grave complications. They were so, especially in the Crimean war; happily in civil practice we very rarely have to consider them.

The nearest likeness to dysentery which we see is acute diarrhœa. Except in cases of urgency, you will, of course, never operate till this is checked; but in urgent cases, especially in those of irritative fever with cellular inflammation, diarrhœa adds very largely to the risk. And so it does, I think, in patients in whom it precedes the descent of a hernia that becomes strangulated. This is a more frequent event than you might suppose, and it seems to me always dangerous when, soon after the strangulation of a hernia is relieved, the bowels act irritably, and with copious liquid evacuations. It is one of the many instances in which you will find, when dealing with strangulated hernia, that you are not dealing with merely mechanical difficulty in the intestines, but with some disease which has produced or favoured the strangulation, and upon which your operation has no good effect whatever. Besides, speedy movements of the bowels after operations for hernia are, I think, always injurious. They destroy the quietude which is requisite for the recovery of all the disturbed and damaged parts.

An accidental diarrhœa is only serious when it happens in persons much exhausted. In those that are habitually subject to diarrhœa, if an attack of it happens after an operation, it is not likely to do any harm. But in children and in old people, and in those that are exhausted, diarrhœa may be very serious; especially it may be so in children, in whom it comes on after operations of all kinds, and in whom you must check it abruptly with opium or any other means.

I hardly need tell you that it is well to have a patient's bowels properly open before an operation (everybody looks to that), and to see that, as far as possible, the intestinal secretions are healthy. The tradition of this necessity is not likely soon to fade out at St. Bartholomew's. And if I do not refer to the subject more fully, if is only because the rule for it comes within the much larger rule that, so far as may be possible, the secretions of all the organs of the body should be set right, or kept right, before a patient is subjected to any risk from injury. But, respecting constipation, I think its importance has been over-stated. Repeatedly, after operations for hernia, I have observed that no patients do better than those in whom, without any sign of abiding strangulation, the bowels do not act for four, five, or even more days after the operation. And in cases of operation for fissured perineum and vesico-vaginal or recto-vaginal fistula, in which one used formerly more than now to keep the bowels at rest for many days, I never saw any general disturbance of the health due to the mere inaction of the bowels. It was, indeed, often remarkable that while the action of the bowels was arrested for ten, twelve, or more days, the patient passed

through the ordinary process of recovery from the operation in exactly the same manner, with the same reaction, the same recovery from reaction, and the same gradual regaining of power, as those do whose bowels act daily. From mere constipation, therefore, you need not anticipate any generally bad result. I do not recommend you to be altogether unmindful of it; but you need not, as some do, consider it the matter of chiefest importance. There is, however, a risk from constipation against which you must very carefully guard. In some people a difficult or very copious action of the bowels is an exhausting process; and in these the exhaustion, after many days' inaction, may be a serious matter. Therefore always give directions that in their cases, and, indeed, in all cases after long constipation, wine or food is to be given after, or even during, any great action of the bowels. I believe I have known a life lost through neglect of this rule. The patient was a very feeble person, whose breast had been removed. She was habitually costive, and her bowels had not acted for five or six days. Then, after some slight aperient, there came a profuse action. Shortly after it she had a rigor; and then pyæmia set in, of which she died. And in another case, after compound fracture, a patient, who seemed a healthy man, twice, after considerable evacuations of the bowels, had such collapse as seemed for a time to imperil his life. Guarding yourselves against these risks, I think you may look upon constipation as an inconvenience to the patient rather than any serious addition to his risks.

Among diseases of the digestive organs which occur in sufficient frequency to affect the risks of dying after operations, I suspect that none are of greater importance than those of the liver. Of course, one's experience of them cannot be sufficient to define the several degrees of risk connected with each disease. As a general rule, however, you should be cautious in operating upon those whose biliary secretions are habitually unhealthy; or those who have been often jaundiced; or those who bear that sallow, dusky complexion, with dry skin, and dilated small bloodvessels of the face, and sallow, bloodshot conjunctiva, which commonly tell of what is supposed to be an "inactive liver." Many of this last class are not temperate; many are sedentary and indolent; many suffer habitually from hæmorrhoids; probably, all have some abdominal plethora; probably, all their digestive organs act as ill as their skins do. But whatever we may guess to be the special defect of these organs, you need not doubt that operations upon those who have them are attended with more than the average risk, and that when you are obliged to operate you must do so with more than ordinary care and caution. And there are graver diseases of the liver than these, which you must look too; especially the enlargement of the liver, whether amyloid or fatty, which is not rarely coincident with chronic diseases of the bones in children and young persons. This is undoubtedly a frequent cause of death after resection and amputation, from which in healthy children the mortality is so small. In some, it merely seems to hinder recovery, and they die slowly exhausted; in some, I believe you will find it the chief reason for such defective healing as leads to secondary hemorrhage. The fear of consequences such as these may give you the rule never to operate for chronic diseases of bones or joints without including a specially careful examination of the liver; for although its diseases may be comparatively most frequent in young patients, they may be found at any age.

Diseases of the heart are, on the whole, much less serious hindrances to recovery from operations than you might suppose. Doubtless, patients with very weak fatty hearts are in some greater danger from chloroform than others are; but when it is cautiously given, even these may take it safely; and I have never heard or seen anything that would make me think the administration of chloroform specially dangerous in any such patients with diseased hearts as a reasonable man would think of operating on. I have known it administered to patients with considerable valvular disease without any appearance of danger; and certainly, in any such case, the risk of chloroform would be less than that of the pain and alarm attending any considerable operation performed without it.

The shock of an operation has a greater than its ordinary risk in one whose heart is feeble, or embarrassed by valvular obstruction; and those with feeble hearts will ill bear much loss of blood. But when these risks are past, patients with diseased hearts

have appeared to me not prone to any dangerous complication. And there is probably good reason for this—namely, that as soon as the shock of an operation is over, less than the natural force of heart is sufficient for all the purposes of life of a patient who lies quietly in his bed, or whose activity is reduced much below that which was customary with him. Do not let me seem to say that weak and diseased hearts are trivial matters in these or in any other cases. I would only have you believe that they are not such grave affairs as at first thought, or without experience of them, you might suppose. At any rate, I have never seen anything to make me suppose that defective circulation makes a man specially liable to pyæmia, or any other of the chief perils after operations.

While speaking of diseases of the heart, let me tell something of certain manners of its acting, even when we believe its structures to be healthy. People with slow pulses bear operations just as well as those who, in all other respects than that of their heart's action, are like them. And people with habitually rapid pulses are not bad patients, if the rapidity of the pulse be not associated with some organic disease. Especially, you will find a considerable number of children and young persons, chiefly sensitive girls, whose pulses are rapid enough to frighten you. Observe whether the respirations are in the same proportion rapid; if they are not, the respirations, and not the pulse, must be your guide in judging what is the patient's state. Many a time I have pointed out to you a pulse beating 120 or 140 times in a minute, and said that it meant no mischief, because the respirations were not more than 20 or 25.

And there is a set of cases in which you must always apply this rule of checking the indications of the pulse with those of the breathing—namely, cases of hemorrhage. After large bleedings, when the patient recovers from their immediate effects, the pulse is usually hastened, and the breathing is retarded; so that with a pulse of 120 or more there may be not more than 10 respirations in the minute.

Mere irregularity of the pulse, if it be habitual, and not connected with valvular disease or degeneration of the heart, does not, so far as I know, affect the chances of recovery from operations. If the structure of the heart, as well as its functions, be disordered, you must judge according to such rules as I have just stated.

The influence of diseases, or rather of degeneracies, of arteries is not easy to measure, for the cases are comparatively few in which one would have to operate on patients whose arteries are degenerate, and in whom other important structures are sound. In the large majority of cases, degeneracy of arteries coincides with that of many other organs, and to this, rather than to the state of the arteries, the greater risks must be ascribed. In the large number of old persons in whom one has to operate for hernia, or for cancerous growths about the face and skin, one sees no reason to suppose that arterial degeneration in itself is a very grave matter; nor, again, in lithotomy. But the case is very different with amputation, especially of the lower extremity. Here one can have no doubt that degeneracy of the arteries in the limb brings great peril with it. Primary hemorrhage is rendered more difficult to control, and recurrent and secondary hemorrhage are more frequent, and all the worse because the patients are those in whom all losses of blood are dangerous. Moreover, if these risks are survived, the feeble nutrition of the wounded parts gives opportunity for spreading suppurations; and all the healing processes are slow; and hereby all the perils of the case are prolonged. And when you think of slow healing of any amputated limb, remember that amongst all the textures of the limb few are less favourably constructed for healing than are the tissues of the arteries. Their healing after wounds is, as you know, difficult, and often interrupted, even in the healthiest persons. Much more likely is it to be so in those whose textures are degenerate: indeed, if you look at a thoroughly degenerate artery, you must wonder that healing should ever take place. Out of this hardness of healing comes a great part of the reasons why amputations of the lower extremities are so fatal—so nearly hopeless—when performed for injuries in very old people. I speak here only of cases in which there is general degeneration of arteries. Special dangers are connected with the disease of a single artery requiring ligature, as for aneurism; but into this, which is of itself a very large subject, I cannot now enter.

Diseases of the veins are so generally local that they have little bearing on any question as to the general risks of opera-

tions. I believe that it adds not a little to the risk of an amputation if you have to cut through varicose veins; but whether the diffuse phlebitis which one has to fear is more often connected with previously diseased veins than with previously healthy ones, I cannot tell.

Diseases of the respiratory organs bear with very unequal and uncertain force on the risks of operations. Of course one can speak only of the influence of the more common and chronic diseases; for no one would think of operating during any acute disease.

Chronic bronchitis, or that which has more often to be considered, a great tendency to bronchitis, is a grave complication; not because it originates serious mischief, but because, if such mischief come from other sources, the bronchial difficulty adds very largely to the danger. I have never seen reason to believe that bronchitis renders patients more liable to erysipelas, pyæmia, or any such disease of the blood; but if these happen, or indeed if any complication comes on after an operation, the imperfect respiration, the restlessness, the loss of sleep, and all the other troubles of bronchitis, diminish, by many degrees, the chances of recovery. And so, too, bronchitis must be feared, especially, in old people, whose convalescence is not quite complete, and still more in those among them who have had erysipelas about the head and face. All these things must make you reckon that a patient habitually subject to bronchitis, and, therefore, I suppose I may say also, a patient with emphysematous lungs, is one in whom all operations are extremely hazardous, and all the more so because few elderly people who have emphysematous lungs are quite sound in their other internal organs. The guards which you must set in any such case in which you have operated are evident. Especially you must look to the air; for these are the cases, more than any others, in which you must try to accomplish the difficulty of providing air which is at the same time pure and warm.

But the great interest of the diseases of the respiratory organs, in their relation to operative surgery, is in the question as to what may be done with a patient who has both phthisis and some local disease that can be surgically removed, or in any way cured, by an operation.

It has often been suspected that the removal or cure of some local disease of a phthisical person may badly influence the disease of the lungs. I know no sufficient evidence for such a suspicion, if it be meant that phthisis is made worse by the mere fact of the cure of any other disease; as if the diseased part were something like an excretory organ, the removal of which would throw an increased labour of excretion on the lungs or some other part. But, certainly, the fever and other accidents that may follow an operation may do special harm to a tuberculous patient. You saw, not long ago, an illustration of this. A man was under my care with a large chronic abscess in his axilla—a strumous abscess it might be called. It was emptied; and after refilling and a second emptying, the sac was injected with diluted tincture of iodine. This caused, as we intended, inflammation of the sac; but with this there came general feverish disturbance, and with this, as it seemed, the man was found one day suddenly almost deprived of the power of speech, and then other cerebral symptoms followed, and after a few days he died insensible. His death was due to inflammation of part of his cerebral membranes, where tubercular deposits were found. These had been quiet so long as his general system was calm, but with the excitement of fever they became fatally active.

The fear of such a calamity as this should dissuade you from all operations of mere convenience, and from all measures of what may be called decorative surgery, in phthisical people; but it should not equally dissuade you from operations that will cure diseases from which they suffer much, and by which their lives are wasted, as they are by fistula and diseases of bones and joints.

In these and the like cases, the main question is, whether the local disease—say, a diseased joint—is weighing on the patient so heavily, or aggravating his phthisis and shortening his life so much, as to justify an operation attended with more than the average risk of life and health. Of course, the weight of each local disease must be separately judged; but in reference to the risks of operations, cases of phthisis must be divided into two classes, which, by comparison, may be called acute and chronic, or progressive and suspended, phthisis.

In all cases of acute or progressive phthisis great risk is incurred by almost every ope-

ration. The risks of the excitement of many days of feverish disturbance, and of loss of food, and of pain, and all such consequences of operations, are much above the average; to say nothing of the special chances of exciting some pneumonia. I cannot doubt that I have seen patients whose acute phthisis has become more acute, and others in whom the early stages of phthisis were accelerated, by the consequences of operations. Therefore I should follow the rule of never performing any considerable operation, if I could help it, on any person whose phthisis is in quick progress. Small things may he done on them for the relief of great distress or pain; but larger things had better be left undone, even if they should never be done at all.

The case is very different with chronic and suspended phthisis. In these it is often advisable to incur the somewhat increased risk of even a large operation in order to free the patient from the distress and wasting of a considerable local disease, such as that of a joint; and I should be disposed to say that it is always advisable to cure, if you can, a small disease such as fistula. I say if you can, for you will often be disappointed. In the tuberculous, as in the strumous, your wounds will remain for weeks unhealed, and, perhaps, be unsoundly healed at last. Still, as to the mere question of operating, I have seen so many advantages accrue to patients with chronic phthisis from the removal of limbs with joint-disease that I am disposed to speak strongly as to the general propriety of whatever operations they may reasonably require. For instance, I still sometimes see a man about the hospital from whom I remember that, at least fourteen years ago, Mr. Stanley removed the left lower limb above the knee for disease of the knee-joint. He was the subject of chronic phthisis at the time of the operation; and the question was carefully discussed whether amputation should be performed on him. It was decided on; and though he has been phthisical ever since, and always very poor, yet he is still well enough to pursue some quiet occupation. And we can hardly think he would have been doing so at this time if he had had to bear at once the burdens of both tubercular lungs and a painful knee-joint.

Risk common to the progressive phthisis and the suspended alike is that by long-continued confinement to one atmosphere, such as must happen after the excision of a joint, you may put the patient into that state of quiet gradual impairment of his health which is so terribly favourable to the progress of tubercular disease. Among all these risks you must make the best choice you can. And there is one point in relation to them about which it will be well to speak. Patients with long-standing strumous disease often look phthisical whether they have tubercular disease or not. And occasionally you will find one with cough and rapid breathing, and many other symptoms so like those of phthisis, that nothing but the most exact stethoscopic examination can persuade you that the lungs are in their structures sound; yet all these symptoms may be removed by the removal of the diseased part. Some years ago I had a young lady for a patient with strumous disease of the knee-joint of six or seven years' duration; and for many weeks she had had irritable cough at night, quick pulse and rapid breathing, and all the signs which on a superficial examination might have led to the belief that she had phthisis. Yet no tubercular disease of the lungs could be detected, and I removed her limb above the knee. Up to the night before the operation she had been restless with coughing. After the operation it was doubtful whether she ever coughed again.—*Lancet*, Aug. 10, 1867.

HOSPITAL NOTES AND GLEANINGS.

Treatment of Whitlow in the London Hospitals. Middlesex Hospital—Amongst the out-patients of this hospital Mr. Lawson has remarked that the frequency of whitlow varies considerably. At one period of the year the disease may be of frequent occurrence, whilst at another it may be comparatively rare. In speaking of whitlow, it is the deep or severe form to which he refers: the treatment of a superficial whitlow is self-evident. The causes which produce whitlow may be local or constitutional; but the majority of cases are due to the latter. A slight injury, such as a scratch or a prick with a rusty nail, may have been the immediate excitant; but had the health of the patient been good at the time of the accident, the probability is that no severe after-effects would have followed. At certain times when boils are prevalent, and the tendency of disease is to assume a low type, whitlows are common in the out-patient

rooms of the hospitals. They should always be regarded as evidences of low power, and in considering the treatment of them this fact should be borne in mind.

When a whitlow threatens, the patient should, if possible, strike work; and a purgative should be given to clear the bowels of all irritating matter, as a preliminary to the tonic treatment which is to follow. The mineral acids with bark nearly always do good; or their use may be preceded by diffusible stimulants, such as ammonia and chloric ether. Depressants are uncalled for, and will probably do harm. Warmth should be applied to the finger by linseed-meal poultices, changed two or three times a day; and, with each change of the poultice, the part should be soaked for at least a quarter of an hour in hot water. The warmth is grateful to the patient, and generally does good.

The most important points, however, in the treatment of whitlow are: 1st, to ascertain when pus has been formed; and, 2dly, to give vent to it by a free incision.

The sense of fluctuation, which is usually one of the prominent symptoms of the presence of pus, cannot be appreciated when the matter is in the extremity of the finger or thumb. The natural elasticity of the part is so deceptive that it may be easily mistaken for fluctuation. The only reliable guides for determining the existence of pus in cases of whitlow are tension and pain. The cushion of the finger or thumb becomes hot and swollen, more or less tense, and exquisitely painful. The slightest touch aggravates the pain, which is of a throbbing character, and so severe as to destroy sleep. Such symptoms are diagnostic of pus, and a free opening should be at once made to give vent to it. The incision should be in the mesial line of the palmar surface of the finger or thumb, and of a sufficient length and depth to give a free escape to the pus. A warm linseed-meal poultice should be then applied, and the fomentations with hot water repeated from time to time.

Much might be said about the neglected whitlows which are often met with amongst the out-patients. The suppuration has been allowed to go on undisturbed; and no exit for the pus having been made, it either works its way to the surface by progressive ulceration, or it burrows beneath the palmar surface of the finger and thumb, in some instances extending into the palm of the hand. Even when the pus makes its way to the surface, there is always considerable destruction of the overlying tissues, and very frequently necrosis of the last phalanx. In treating such cases it is advisable to save the nail, and as much as possible of the end of the finger or thumb. By waiting patiently, the necrosed bone will become loosened from its attachments, and it may generally in the end be lifted away with a pair of forceps, and a very useful finger will be the result. Amputation should not be performed simply because the last phalanx is necrosed. It can always be resorted to after the other plan of treatment has been tried and failed. There are, however, cases of neglected whitlow in which amputation of the finger or thumb is the only treatment which can be rightly pursued; but these must be regarded as rather exceptional.

Westminster Hospital. — Mr. Power holds that there is no sufficient evidence of there being but two distinct forms of whitlow — the superficial and the deep-seated (onychia maligna); but that there are many degrees of inflammation, the severity depending essentially on the state of the patient's general health, and partly also on the cause and on the condition of the part itself. The disease commonly appears as a consequence of some slight injury, as a punctured wound; or results from disordered bowels, insufficient or unwholesome diet, night watching, or other depressing condition. If the patient be otherwise healthy, and the skin, as in young persons, be thin and delicate, the affection, which is to be regarded merely as a boil, requires but little treatment. The bowels should be opened with a dose of compound jalap powder, a black draught, or castor oil. The hand and arm should be kept raised in a sling, and the finger, and even the hand, enveloped in a poultice of linseed-meal, with a view of softening the skin, of allowing swelling to take place more readily, and of facilitating the bursting of the little abscess. When this has occurred, the symptoms immediately remit, and quick recovery follows. Incisions are not needed in such cases; on the contrary, they do harm. If made, a drop of bloody pus exudes, and a reddish, vascular, fungous growth springs up, the pain recommences, and what would otherwise have been superficial and slight becomes deep-seated and severe.

When the formation of matter occurs un-

der the nail or beneath the horny skin of the finger of the artisan, a different line of treatment must be adopted. Here the pain is very severe; and the matter, when formed, must creep and burrow beneath the skin or nail, and may easily, by the pressure it exerts, cause the ungual phalanx to die. General treatment is of little service; but the skin should be softened by the application of a poultice for a few hours, and a free incision be made. Water-dressing may then be applied; and if any recurrence of the inflammatory symptoms is observed, the whole of the finger should be well rubbed over with the solid nitrate of silver.

Finally, in very unhealthy subjects, when the disease has lasted for some time; when the subcutaneous connective tissue is infiltrated with matter, the skin raised in vesications, the finger, hand, and arm swollen, with red lines extending up the forearm, indicating the position of the lymphatics, and the gland at the elbow or those of the axilla swollen and painful, the use of the knife is indispensable, and the incision should be free and deep. If the bone is felt bare and necrosed, the whole phalanx should be removed at once; if not, it may be left, though it will generally necrose subsequently, when the inflammation has been so severe. The sheaths of the tendons should not be opened too far. They may recover their functions.

As regards general treatment, opium and sedatives are of little service. Common sense will dictate whether abstinence should be enjoined, or wine, full diet, and tonics administered. Persistent fistulous orifices indicate the existence of a portion of dead bone, which must be cut down upon and removed with forceps, or, if necessary, with cutting pliers.

St. Bartholomew's Hospital.—At this hospital a large number of ill-nourished young women, mostly sempstresses or engaged in domestic service, apply for relief, suffering from the cutaneous or subcutaneous forms of whitlow. These varieties of the disease, where the inflammation begins in the neighbourhood of the nail, and limits itself to the last joint of the finger, Mr. T. Smith treats by the administration of tonics, and locally by poultices or water-dressing, leaving the patient to decide whether the pus shall find its own way to the surface, or an earlier relief from pain shall be procured by incision. He believes that in any case where the matter is near enough to the surface to be seen through the skin, no other harm than some additional pain is caused by allowing the abscess to open spontaneously. He is in the habit, however, of opening early by incision the deeply-seated subcutaneous whitlows that occur over the last phalanx, in order to diminish the risk of necrosis. Should necrosis occur, the bone, when thoroughly separate from the soft parts, is drawn out through some already existing sinus, or through an incision made just beneath and parallel to the free edge of the nail. Tendinous whitlow occurring on the first or second phalanges, Mr. Smith treats locally by early and free median incisions on one or both aspects of the finger. In any form of whitlow, when once there is a free exit for the pus, Mr. Smith recommends at the first the temporary and then the permanent discontinuance of the poultice, as tending in this stage to prolong and increase suppuration.—*Lancet*, August 31, 1867.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Medical Society of West Virginia.—This Society held its first semi-annual session in Wheeling, on the 2d and 3d of October. Dr. Frissel President, and Dr. J. C. Reeves Secretary.

Dr. I. C. Hupp, of Wheeling, Chairman of the Committee of Arrangements, made an address, in which he offered a hearty welcome to the members on behalf of the profession and citizens of Wheeling.

The President, Dr. John Frissel, delivered an elaborate address, which was received with great favour.

The Mayor of the City and Governor of the State honoured the Society with their presence, and in brief addresses expressed their sympathy with the objects of the Society.

Papers were read by Dr. Nicklin on Fracture of the Thigh Bone; by Dr. Blum on Sanitary Science; by Dr. Bates on Diphtheria; by Dr. Lazzell on the Use of Stimulants in Disease.

Dr. Bingle exhibited a Fœtus of three months, having two heads, three arms, two legs, and one cord.

After transacting a considerable amount of other business, mostly of local interest,

the Society adjourned. The next meeting is to be held at Grafton.

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Yellow Fever.—This disease appears to be abating at most of our Southern ports. At New Orleans the deaths per day have diminished from 82 on the 23d Sept., to 31 Oct. 20th.

The following table exhibits the weekly mortality during the first twelve weeks of this epidemic:—

Week ending July 13	3
Week ending July 20	2
Week ending July 27	5
Week ending August 3	9
Week ending August 10	14
Week ending August 17	12
Week ending August 24	69
Week ending August 31	126
Week ending September 7	212
Week ending September 14	354
Week ending September 21	398
Week ending September 28	492

The papers state that the disease has prevailed among all classes and all nationalities. It does not seek out for its victims those only who have resided in the city but a short period. Those who have escaped other epidemics in New Orleans have lost their lives by the present one.

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International Medical Congress at Paris.—It is stated in a recent No. of the *Revue de Thérapeutique Médico-Chirurgicale* (Oct. 1, 1867), "that the whole medical press is unanimous in saying that this congress has not realized the expectations which were formed of it." This statement seems to be well founded.

The subjects to be discussed were fixed on beforehand, and no departure from the programme was allowed. Some very valuable papers on the subjects selected for the attention of the congress, it is true, were read, but the restraint put upon debate and the avowal that no new subject for discussion could be entertained without the special permission of the government, proved an unpleasant damper on many who desired and had expected to introduce disputed subjects for examination. Farther, no arrangements were made for entertaining the members, for making them acquainted with one another, or for promoting social intercourse. It is little to be wondered at then that many who had travelled enormous distances with the view of making the personal acquaintance of distinguished men, and of comparing opinions with them, came away sorely disappointed. Many of the most eminent of the Parisian physicians moreover did not appear at the meetings. To listen, seated on most uncomfortable seats, to the reading of formal essays which, when in print, could be perused with more advantage in one's library, seemed to be a poor compensation to those who had left the comforts of home, abandoned their professional pursuits, and travelled from the antipodes to be present at what was expected would be a most august and enlightened assembly—a congress of the great men of the profession from all parts of the world.

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Iowa Medical Journal.—This journal, on the completion of its fourth volume, in 1858, was suspended. Its Editor, Dr. J. C. Hughes, has just resumed its publication by the issue of No. 1, vol. V., and he proposes to continue its publication should he receive sufficient encouragement. It is intended to be a bi-monthly of 32 pages.

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New Works.—Mr. H. C. Lea has in press "An Atlas of Venereal Diseases, by A. Cullerier, Surgeon to the Hôpital du Midi, translated, with Notes and Additions, by Freeman J. Bumstead, M. D., Professor of Venereal Diseases in the College of Physicians and Surgeons, New York." It will be issued in five parts, and, when completed, will form an elegant volume in large imperial quarto, illustrated with coloured plates. We have seen several of these last, and feel sure that they will be pronounced unequalled by any coloured illustrations of a medical work heretofore executed in this country. Dr. Philip S. Wales' new work on Minor Surgery, Orthopraxy and Mechanical Therapeutics is nearly ready for publication. It is copiously illustrated and handsomely printed. Dr. T. Gaillard Thomas's Complete Treatise on the Diseases of Females is in the printer's hands. It has numerous illustrations.

It is stated that Prof. Chas. A. Lee, of Peekskill, New York, is preparing a work on Practical Therapeutics, and Prof. Geo. T. Elliot, of New York, one on Clinical Obstetrics.

Medical Examinations.—Drs. Hickman, Tyson & Wood, will continue their examinations, on the branches taught at the University of Pennsylvania, during the session 1867-68, at their rooms, No. 17 South Ninth Street, opposite the University (2d Floor). These rooms, suitably supplied with Text Books, Diagrams, Manikins, Materia Medica Cabinet, &c., are at all times open to students.

The examinations will be conducted as heretofore, on Anatomy and Surgery, by Dr. Hickman, Physiology and Obstetrics, by Dr. Tyson, Practice of Medicine, Materia Medica and Chemistry, Dr. Wood.

Dr. Wood will deliver a course of Recapitulatory Lectures on Practical Medicine, and the members of their class will have the opportunity, under the direction of Dr. Tyson, of examining the large number of patients attending the Medical Clinic and Dispensary service of the University.

Office students are also received, to whom the usual didactic advantages are given during the summer months, as well as facilities for obtaining clinical and practical obstetrical knowledge.

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Obituary Record.—It is with regret that we record the death in Paris on the 8th of Sept. last, of Robert Watts, M.D., who has long and ably filled the chair of anatomy in the College of Physicians and Surgeons of New York.

FOREIGN INTELLIGENCE.

Death from Chloroform.—A death from chloroform occurred last week in the Southern Hospital, Liverpool. The patient was a boy, fifteen years of age, who was placed under chloroform for the purpose of undergoing an operation on the knee-joint. Everything went on favourably until the operation was completed, when the pulse of the patient suddenly ceased to beat. Artificial respiration was maintained for about an hour, and every effort used to restore the boy, but without avail. The medical evidence went to show that all possible care was taken in the administration of the chloroform, and the jury returned a verdict to the effect that the lad died from misadventure from the administration of chloroform during an operation.—*Lancet*, Sept. 21, 1867.

Formation of Pus by Inflammatory Action.—In a remarkable discourse, most eloquently delivered before the Berlin Medical Society, Dr. Cohnheim detailed the results of his observations on the formation of pus as a product of inflammatory action. These results are of sufficient significance to mark a new era in the history of pathological science.

The generally accepted theory of Pyogenesis, which refers the origin of pus-corpuscles to the proliferation of cells or germinal matter in connective tissue, has received its death-blow.

The morphological resemblance of pus-corpuscles to white blood-cells has long been universally acknowledged. The modern discovery of the contractile properties with which they are both endowed, has tended still further to strengthen the belief in their very intimate relationship. Dr. Cohnheim has now demonstrated their *identity* by proving that *pus-corpuscles are actually white cells which have emigrated from the blood-stream.*

He commenced his studies in the cornea, the classical ground for the study of inflammation. Availing himself of the well-known properties of white blood-cells to grasp and fix finely divided substances in their contractile stroma, he has been enabled to track these bodies, coloured by aniline-blue injected into the blood, to the seat of inflammation, artificially excited in the cornea, and to recognize them as the cellular elements infiltrating the inflamed part. He has, moreover, succeeded, in a second series of observations, for which, for obvious reasons, a transparent vascularized tissue was selected, in actually observing step by step the emigration of the white corpuscles through the walls of the veins and capillaries of the inflamed mesentery into the surrounding tissues, and the pseudo-membranous fibrin effused on its surface.

The connection between these extraordinary facts and the well-known observations of Recklinhausen (Virchow's *Archiv*, 1863, vol. xxviii, pp. 157–197), on the presence of wandering contractile corpuscles in the plasmatic channels of the cornea, mesentery, and connective-tissue of other parts, will at once be evident.

Recklinghausen ventured upon no definite statement as to the origin of these bodies. He alluded to the probability of their being formed from the first connective-

tissue corpuscles; but found it impossible to adduce any observation calculated to give support to this supposition. He had recognized their morphological identity with pus-cells, lymph, and white blood-corpuscles. He was acquainted with the increase and accumulation of these wandering elements, as "the essential change in the slighter degrees of inflammation;" but the chain of observations necessary to assign to them their true position and origin had to be completed by Dr. Cohnheim's elaborate investigations.

It is interesting to remark, for the purpose of illustrating the stages of continuity in scientific discovery that Recklinghausen had also demonstrated the possibility of contractile cells penetrating the corneal tissue from without by a very ingenious experiment. He inserted pieces of cornea and finely powdered vermilion into the lymph-sacs of living frogs, and found them on removal after a certain time infiltrated with wandering lymph-corpuscles laden with granules of vermilion.—*Brit. Med. Journ.*, June 22, 1867.

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Power of Absorption of Wounds and Abscesses.—M. Demarquay has submitted to the Academy of Medicine of Paris a series of experiments on this subject. He placed upon wounds and into accidental cavities aqueous solutions of iodide of potassium of the strength of 10 per cent. After from six to thirty minutes iodine was detected in the urine, and especially in the saliva. The author considers that ulcers and abscesses absorb also noxious gases both from the atmosphere and those formed by the decomposition of blood and pus. He, therefore, advocates the protection of wounds and abscesses from the surrounding air, dressing them with glycerine, alcohol, or disinfectants; and surrounding patients with as pure an atmosphere as possible.—*Lancet*, Sept. 21, 1867.

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Fractured Clavicle in an Aged Person without Visible Sign.—M. A. Guérin related to the Paris Society of Surgery the case of a man, aged 60, who complained of pain in the middle of the clavicle, which was, however, not severe enough to prevent the movements of the arm. There was no deformity or ecchymosis whatever; but on moving the arm with the hand placed on the clavicle, a slight crepitation could be felt. The patient in a few days died of pneumonia. At the autopsy an oblique fracture was found, the periosteum and all the soft parts remaining intact. Nor could the fragments be moved by almost violent direct pressure, but only by raising the ends of the bone. M. Marjolin observed that when the diagnosis of these cases is difficult the mode recommended by Robert may be tried. The patient is desired to raise himself upon his two wrists, and, while he tries to do this, the hand applied over the clavicle, easily perceives the crepitation.—*Med. Times and Gaz.*, Aug. 17, 1867.

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Inhalation of Iodine in Diphtheria.—Mr. J. Waring Curran states (*Lancet*, Sept. 21st, 1867) that he has found inhalations of iodine, combined with sage and hot vinegar, very efficacious in diphtheria.

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Post-partum Hemorrhage; Successful Use of Ether-Spray.—Mr. J. Broadbent relates (*Brit. Med. Journ.*, June 8, 1867) the case of a woman in labour with her twelfth child. The os uteri only slightly dilated, and the pains weak. "The breech presented, and the child was born the following morning, without anything unusual occurring. The placenta was adherent, and required the introduction of the hand for its removal. Profuse hemorrhage followed; and, though the usual remedies, including ergot, cold napkins to the vulva, etc., and introduction of the hand into the uterus, were employed, the bleeding continued, and the woman became almost pulseless, and was evidently sinking fast. The hand in the uterus moved about as if in a wet bladder, little or no contraction being excited by it. My friend Mr. Harrison saw the case with me, and I proposed to him to apply the ether spray to the hypogastric region. This I did, using the double jet; and very soon the uterus began to contract, and the hemorrhage ceased. There was no relaxation of the uterus after; and the woman ultimately made a good recovery, though very anæmic for some time after. The hemorrhage was evidently due to uterine inertia; and the effect of the ether-spray in producing contraction of the organ was very marked after the failure of the remedies used before it."

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Animal Vaccination.—M. Guérin, in opening the discussion on M. Depaul's re-

port to the Academy of Medicine on the results obtained from "animal vaccination," protested against the exclusive attention which has been paid to this new mode in Paris during the last two years, instead of a faithful comparison having been instituted between it and the old mode. To this latter it has been objected that the virus obtained by "human vaccination" has degenerated in power, and that it has often been contaminated by syphilitic poison; and before rejecting a procedure so long successful it is requisite to inquire into the reality of these objections against it. It is indeed a fact now generally admitted that vaccination has lost some of its preservative power, and M. Bousquet himself, who so long denied this statement, now admits it. But two questions call here for examination—Is such degeneration general and absolute, observable in all countries and regions? and may not a greater virulence of the variolous epidemics have something to do with the relative insufficiency of vaccination. These points want examining, for many practitioners totally deny the diminution of the efficacy of vaccination in their localities, and there is reason, both from experience and analogy, to suppose that the intensity of the variola may vary much in different epidemics. There is a necessity also of making a more careful selection of the virus to operate with, for a defective virus is often employed, and unsatisfactory results follow, especially when such defective virus is propagated from child to child in succession. The selection, propagation, and maintenance of the finest virus—a true "vaccine culture"—ought to be the object of those having authority in the matter. As to "vaccinal syphilis," M. Guérin believes that in very rare instances it may exist; but many of the naratives which have been published of late are wholly destitute of proof, and the liability of such transmission has doubtless been grossly exaggerated. In numerous instances in which the vaccine virus has been taken from subjects exhibiting symptoms of syphilis, no transmission of the disease has occurred.

There is no case made out for a radical reform in the practice of vaccination, and this "animal vaccination," introduced by a young physician from Naples, has been received far too readily as an improvement; for in point of fact it is a mere assertion that it protects from variola as well as the ordinary vaccination. While the virus employed in the latter originated in spontaneous cow-pock, and that used in animal vaccination is derived from an artificial cow-pock; and all must admit that a spontaneous agent is of more powerful action than an artificial one. The vaccine virus, also, transmitted through successive generations, may acquire peculiar and important properties, while the animal vaccination is a much more special and limited affair, the heifer being resorted to afresh in each case. Even comparing the appearances produced by the two viruses, as stated in the report, it is found that those produced by human vaccination are more regular, and more durable, and more energetic. In fact as far as we are acquainted with the results of the employment of this virus, M. Guérin regards it as illusory and a mere Utopia. He quotes the adverse opinions of many hospital and private practitioners who have found it decidedly less efficacious in vaccinating and revaccinating, to say nothing of its preservative effects, which time alone can demonstrate.—*Medical Times and Gazette*, Aug. 31, 1867.

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Dietetic Salt.—This salt has been prepared at the suggestion of Dr. Lankester, and is recommended as supplying certain compounds which are necessary to the health of the human body, as well as common salt. The basis of the preparation is common salt, to which is added, in small quantities, phosphoric acid, sulphuric acid, lime, potassium, and iron. It is believed that this combination will supply those constituents of the blood which are often found deficient in ordinary food, as it is supplied from day to day. The practice of taking common salt is undoubtedly beneficial; and the addition of other saline matters, which are known to be necessary to the nutrition of the tissues, is certainly founded on rational principles. A dietetical preparation recommended on so good an authority, and prepared upon a principle so scientifically sound, is certainly worth a trial. It seems to be especially applicable in cases of children deficiently nourished, in scrofula, tuberculosis, and all that group of cases where the blood is more or less imperfectly furnished with the saline constituents necessary for the nutrition of the tissues. The addition of a small quantity of iron would recommend it in a large number of cases

where this remedy is found to be beneficial as a medicinal agent, and its daily use might thus prevent those serious ailments attended with a deficiency of iron in the blood.—*Brit. Med. Journ.*, June 29, 1867.

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Correlation of the Mental Force. — In a lecture at the Royal Institution, Professor Bain attempted to show the possibility of bringing mental force into correlation with the physical forces. Commencing with a brief exposition of the theory of correlation, he at once admitted vital force as a member of the group, which he proceeded to classify into molar or mechanical force, molecular force (heat, light, electricity, magnetism, and chemical affinity), vital force, of which nerve force may be taken as the type.

The laws which govern the correlation of the first two groups are easily reducible to exact numerical representation. Thus the mechanical equivalent of heat may be expressed in so many foot pounds, and from a knowledge of this law we may say that the complete combustion of one pound of carbon would produce sufficient force to raise an ordinary man to the highest peak of the Andes. Passing, then, to the lower forms of vital force, we find that as much heat is absorbed during the growth of plants, during the deposit of carbon in their tissues, as is evolved on combustion of the same; whilst, during the life of animals, the mechanical and nervous energy displayed is derived from the combustion of the food, which is, primarily at least, of a vegetable nature; and there can be no doubt, that if we could exactly measure the products of this combustion, we should be able to represent the amount of force produced by a mechanical equivalent. Mental force is to be considered as the noblest representative of nerve force in its highest development, and it is therefore subject to the same laws. * * *

The chief organ through which mind acts on body is the brain, consisting as it does of an infinitely complex web of nerve-fibres, and subject to the ordinary laws of development, nutrition, and degeneration; action is accompanied by waste, waste necessitates renewal; and so, within certain limits, by increasing the amount of the richness of the nutriment supplied, we are able to increase the nervous power; whilst if an undue proportion of nourishment has been required to replace the waste produced by mental exertion, we find the general *physique* below par. If, then, mental phenomena be proportional to physical supports, a numerical relation must exist between the intensity of a sensation and the nervous waste produced thereby; in other words, a sensational equivalent may be obtained. Physicists and physiologists have hitherto declined to assign even an approximate value to this equivalent; they object to the uncertainty attending the rise and fall of mental activity, and to the want of a standard by which mental force may be measured. The problem is doubtless a difficult one, but probably not an impossible one; considering the attendant physiological waste as the index of the intensity of the activity, it only remains necessary to classify and define mental phenomena with sufficient care to enable them to be recognized and ticketed with their exact value.

Although severe intellectual labour is incompatible with bodily exertion, and although we find, as a rule, that men of a highly developed *physique* rarely display the highest mental qualities, yet much may be done by a careful and judicious expenditure of the available force, and by the employment of means to attain any required end with as little loss as possible. Here it is that the educated man has the advantage over the uneducated even in the performance of those labours or sports which might be considered the undoubted province of the latter. In all cases, however, in which mental and bodily exertion take place simultaneously, the total waste of the system will be proportionately high, and an increase in the quantity or quality of the nourishment supplied must be forthcoming to prevent the individual from suffering degeneration.

The correlation of the mental with the physical forces is then so far proved, that the production of mental phenomena is accompanied by a loss of force in the animal economy, and that this loss must be replaced by a further supply of force obtained in the form of food capable of assimilation and of subsequent oxidation.— *Med. Times and Gaz.*

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Short-Sightedness.—A curious work has been published at Breslau by Dr. Hermann Kohn, in which he gives the result of the examination of the eyes of 10,860 school

children. Of these 17.1 per cent. were short-sighted. This he attributed to the faulty construction of the desks and forms which required the children to read with the books close to their eyes.— *Lancet*, Sept. 21.

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Births in Vienna.—According to a report from Vienna, during last year there were 12,943 legitimate and 13,802 illegitimate births in that city.

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The Value of Scientific Congresses.— In the course of Professor Sharpey's address to the section of Biology at the British Association, he made a few remarks upon the influence of sectional meetings, which apply with equal force to those of our own Association, and could hardly be more happily expressed:—

"Much of the good effected by the sectional meetings can never be recorded. I remember being present at an assembly of the German Association of Naturalists at Berlin in 1828, and hearing Oken, one of the most distinguished members and original founders of that institution, declare that the great purpose of the Association was not to listen to long and elaborate communications, but rather to bring men of kindred pursuits, from different parts, into friendly relation with each other; to afford them the opportunity of freely exchanging information, exhibiting new and interesting specimens and experiments, offering mutual suggestions, and establishing useful correspondence. All, I feel sure, will admit that this promotion of friendly intercourse among men engaged in the pursuit of science and those interested in its advancement, is — and let us hope it will long continue to be—one of the great benefits conferred by the British Association."— *Brit. Med. Journ.*

[We recommend the above remarks to the consideration of those of the members of the American Medical Association who have been endeavouring to prohibit the social enjoyments of the meetings and restrict the proceedings to mere matters of business. We strongly suspect that under such restrictions the meetings will be much less numerously attended.]

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Anatomical Models and Preparations.— Amongst the most remarkable objects exhibited at the French Exposition Universelle, in the anatomical galleries, are the plastic models of Auzoux, and the preparations of Dr. Brunetti, of Padua. M. Auzoux models in a material which, he says, has nothing in common with papier maché, wax, or plaster, a complete typical series of the animal kingdom, from man to the zoophyte. In the vegetable kingdom, he shows a collection consisting already of one hundred types, showing the constituent parts of flowers, fruit, grain, leaves, and stalk, in the most careful detail, and even in the mosses and the fungi. These models are not only of the object *en masse* but of its parts. The whole of the anatomy of animals and plants, the comparative anatomy of the nervous system, the comparative embryology, are here all fully and admirably illustrated. They are the most complete and the most accurate, and the most extensive series of anatomical works ever attempted. One hundred workmen are constantly employed; they are carefully instructed, and their knowledge of anatomy and physiology would shame many a good anatomist. The workshops of M. Auzoux are the chief support of a flourishing village, St. Aubin d'Ecroville.

M. Brunetti, of Rovigo, professor of the University of Padua, surpasses even M. Auzoux. His preparations are not imitations, but literally arrested life. His means of preparation are still a secret; but he shows the head of a young woman who committed suicide in 1861 — the features unaltered, and the texture still natural; a hand prepared in 1865, in which the articulations move with incredible facility; the arm and forearm, with the movements of pronation and supination fully preserved. M. Brunetti anticipates presently completing his process, so that he may be enabled to preserve the entire body in one piece.— *Brit. Med. Journ.*, June 22, 1867.

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Prof. Nélaton.—This distinguished surgeon has resigned his professorship of Clinical Surgery in the Medical Faculty of Paris.—*Rev. de Thérap. Med. Chir.*, Oct. 1, 1867.

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Dangers of the Streets.—The authorities of Paris are said to have under consideration a project for throwing foot-bridges over the most crowded thoroughfares of that city, in consequence of the great risk attending a passage across the streams of

vehicles, of which a great number are in the charge of careless or incompetent drivers. The *Figaro* says that every day from eight to fifteen persons are knocked down or run over by vehicles in Paris; what proportion of these are killed is not stated. In London "the dangers of the streets" are patent to everybody, and the loss of life by accidents from vehicles amounts in a year to a very startling total. Looking through the Registrar-General's Weekly Returns, we find that since last February *one hundred and eleven deaths* have been registered as caused by horses or carriages in the streets, giving for the last thirty weeks an average of nearly four deaths per week. In one week ten deaths were recorded, and of these six were of persons over fifty-five years of age, and two were of children under ten years of age. The numbers receiving anything short of fatal injury are not recorded. To childhood and feeble age the passage of our overcrowded streets is full of peril, and it is not creditable to the humanity of the public spirit of the metropolitan authorities that suggestions which have often been made for erecting light foot-bridges at the most difficult crossings have not been adopted long ago.—*Lancet*, Sept. 21, 1867.

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Burnt by Clothes becoming Ignited.—On the 6th of June, the Archduchess Matilda, the affianced bride of the Crown Prince of Italy, died of the injuries she had received from the accidental ignition of her summer clothing. She was looking out of one of the windows of the imperial palace at Schönbrünn, and on changing her posture trod on a lucifer match that had been negligently dropped on the floor. In an instant her clothes were in a blaze. Assistance came, as usual, too late; and after a short interval of extreme suffering she expired. Surely this awful and most disastrous event will be the last warning which an improvident and reckless public will require to protect itself against the risks attending inflammable clothing.—*Lancet*, June 15, 1867.

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Cruelty to Calves.—A Liverpool physician—we believe Dr. Skinner—and another correspondent of the *Liverpool Daily Post*, call attention to the horrible cruelties invoked into prevalent practice in "whitening" veal for the market. The miserable calf is bled to fainting by a stab in the jugular vein; the wound is stuffed with tow; a little gruel is administered to restore the action of the heart, and presently the wound is reopened; "if the blood does not flow readily, the tail is twisted hard up, and the animal tortured with blows and kicks." This species of torture is kept up till death is imminent. The poor animal is then tied together neck and heels and slung head downwards. The skin of the neck is then partially removed, and the congeries of veins cut across with the knife. 'An occasional blow with the poleaxe is given as it flaps to and fro in the air; and the last remnant of vitality is roused to the perception of pain by the process of dressing, which consists in skinning the animal at certain parts and blowing in air while the body is sedulously beaten with rods." All this refined torture is inflicted because people will have their veal "bleached" till it is as white and as tasteless as a kid glove, instead of possessing a rosy tint and wholesome flavour. This is evidently a matter in which public opinion should be brought to bear in aid of humanity; and, if the accounts thus given by the correspondents of the *Liverpool Daily Post* be correct, the sooner the "bleaching" calves is numbered among the things of the past, such as the whipping of pigs to death, the better for our consciences and our reputation.—*British Med. Journ.*, June 8.

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Obituary Record.—Died, in Paris, Sept. 10th, from cerebral hemorrhage, aged 74, Dr. P. Rayer, one of the most eminent of the Paris Faculty. He was the founder and permanent President of the Biological Society, and has occupied many elevated positions, such as President of the Academy, Dean of the Faculty of Medicine, President of the General Medical Association, Physician to La Charité, Consulting Physician to the Emperor, &c. &c. He earned these elevated positions by incessant labour and indomitable industry. M. Rayer will long be gratefully remembered for his prompt appreciation of and the encouragement he afforded to youthful talent. It was under his tuition that were developed Claude Bernard, Ch. Robin, Tardieu, Gubler, Vulpian, Charcot, &c., who now stand in the front ranks of French Medical Science. M. R. continued his labours until a few days before his death.

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CLINICS.

CLINICAL LECTURES.

Clinical Lectures on the Various Risks of Operations. By JAMES PAGET, F. R. S. (Delivered at St. Bartholomew's Hospital.)

LECT. II. Part II.—Certain diseases of the kidneys increase the risks of operations more, I think, than do the equally chronic diseases of any other internal organ. And the chief of these diseases are, first, those which are associated with the constant existence of albumen, or with the frequent or constant presence of pus in the urine. In the first group, those of which we commonly speak as cases of albuminuria, the risks of erysipelas and of pyæmia seem to reach their climax. Not that I know this from having frequently operated on patients thus diseased. We are too cautious for that, and, as you know, no patient with any chronic ailment goes from my wards into the operating theatre without a previous examination of the urine. But you may learn it from the frequency with which accidents, such as scalp-wounds, compound fractures, and the like, prove fatal in those who are the subjects of albuminuria. All the dangers of which you are taught in medical lectures as to the tendency of albuminuria to generate pericarditis, pleurisy, and other internal inflammations, are proved emphatically when the patient's general health is disturbed by the consequences of injury, whether accidental or by design. I do not know by how many times the risks of a given operation is increased in any patient who has albuminuria, but I do know that you will find it a safe rule never to perform any operation without an acquaintance with the manner in which the patient's kidneys discharge their function; and never to per-

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form one, except under something like compulsion, on a patient whose urine is constantly albuminous. I do not say that you should never operate on such a patient, for the exigencies of the local disease may justify you, as they may justify you in operating in advanced phthisis: but be clear that you operate against heavy odds; for even if the patient do not die with erysipelas or pyæmia, or some other form of diseased blood, he will be apt to linger on with a wound half-healed, till at last he dies of his renal disease, just as if you had done nothing.

You saw a patient of mine, in whom we were certain of the existence of advanced granular disease of the kidneys, with albuminous urine, die last year. A poor woman, who ten years before had one limb amputated below the knee for chronic ulcer of the leg, came with the remaining limb so badly ulcerated, and so hindering her poor means of living, that she begged me to remove this leg too. She had recovered from one amputation, and had such comfort in consequence of it that she begged me to give her the possible advantages of another, at whatever risk. After many vain attempts to improve or palliate her condition, I removed the limb; and then you saw how, week after week, the stump remained unhealed, and how, though she was relieved of pain, and remained hopeful to the last, she became more and more feeble and œdematous, and died, just as she would have died if she had retained her limb—in greater comfort, indeed, but not a day later.

The suppurative disease of the kidneys which is of most importance in operations is that which many call pyelitis—a suppurative inflammation of the tubular structure of the kidneys, and of the lining of all its larger excretory ducts. Its chief interest is in its relation to lithotomy and lithotrity, and the various operations for urethral stricture. In all of these it is a complication of the gravest kind; and in all of them you must inquire carefully, not only into the mere existence of pus in the urine, but as to its quantity and probable source. If you can convince yourselves that it comes from one or both kidneys, you must regard the case, whatever be its nature, as one of more than ordinary gravity. Pus from the bladder is a comparatively unimportant thing; it means only a local mischief which local treatment may, perhaps, cure; but pus from the kidneys may, and commonly does, mean that these, which, in reference to recovery from operations, are, I believe, the most important excretory organs of the economy, are inadequate for their work. If pus is coming from them, they will certainly not be excreting their due quantity of the proper constituents of the urine; and, at any disturbance, the patient will be apt to become the subject of the so-called urinary fever, in which the phenomena of ordinary traumatic fever are seriously complicated by retention of the materials of the urine in the blood. Now, in reference to lithotomy and lithotrity, the evidences of disorganization in suppurating kidneys may be such as to induce you to advise the patient rather to submit to his disease than to risk an almost inevitably fatal operation. In these, even more than in other cases, be very watchful against letting your own interest or love of operating sway you, contrary to the interest of your patient. But supposing the case to be less grave than this, and that the removal of the stone is advisable even in the face of a large risk, you must choose between lithotomy and lithotrity. The choice is a very difficult one, and scarcely admitting of general rules. If the stone be such a one as can be got rid of with two or three crushings, I would prefer lithotrity. If it would require twice as many or more crushings, I believe lithotomy would be better. If the bladder be sound, or nearly sound, so much the better for lithotrity; if it be unsound, like the kidneys, lithotomy will be the safer operation, and may even be indirectly beneficial by providing, for the time, a ready discharge of the pus through the lower part of the bladder.

For the various operations for stricture, in cases complicated with this condition of the kidneys, there is one very plain and obvious rule: being unfit for cutting, these patients should be treated with the gentlest possible means of other kinds. And, by the way, let me advise you, in every such case, to satisfy yourselves, before proceeding to mechanical treatment, that medicinal treatment is really insufficient. Every year teaches me more and more plainly that a very large number of cases of stricture of the urethra are really not dependent on any fixed condition of the urethra, but upon mere swelling of the mucous membrane—upon just such swelling as, with chronic catarrh, narrows or shuts up one or both nostrils.

Manual surgery should find nothing to do in cases such as these.

It may seem to some of you absurd to include catheterism among the surgical operations in which the general condition of the patient's health can have any material influence. And yet I will not omit it, for it is a much more important affair than in the beginning of your professional studies you are likely to suppose. None of the minor operations of surgery is so apt to be followed by serious mischief. Very many patients with stricture of the urethra are unsound, or if not unsound, yet with uncertain and capricious health—dyspeptic, or gouty, or with kidneys which, if not diseased, have been very often disturbed in their action, and are, therefore, unsuited for any constitutional disturbance. You should, accordingly, at the least, be very cautious in the use of catheters upon persons of whose general health you know nothing, and upon those who are unaccustomed to their use, and upon those who come to you with strictures which are only somewhat worse than usual by reason of some passing disturbance of their health. And the rules of caution may be twofold stronger when you have to deal with old persons; for I am convinced that a first catheterism has been the first step towards death in many old men. You must therefore be on your watch for the general signs of health in patients on whom you must pass catheters, just as in those on whom you would perform any cutting operation. Look upon first catheterism as involving a risk of troubles about as great as that of amputation of a finger or a toe, or the removal of a small tumour, in a person of the same age. A small risk, you may say; but it is not less than three or four per cent.; and the calamity of death, when it does happen, is aggravated a hundredfold by its coming without warning, and from what seems to all an inadequate cause.

By the way, let me tell you of a symptom which must make you especially cautious if you have to catheterize elderly or old men. If they are passing large quantities of pale urine of very low specific gravity, whether containing a trace of albumen or not, they will be in danger from even the most gentle catheterism. For this condition of the urine is, I believe, due to some advanced defect of action in the kidneys, and catheterism will be followed by inflammation of the bladder, and the so-called urinary fever, and death will hardly be escaped.

As to diseases of the nervous system in patients who are to be the subjects of operations, I need hardly say that neither I nor any one can have considerable experience in relation to the influence of organic disease of either the brain or spinal marrow. We do not often operate upon mad people, or paralytics; and what I can tell you is rather in relation to the influences of minor or paroxysmal disorders of the nervous system.

The healthiest nervous system, in so far as it may be judged of by the mind, is that in which a patient faces an operation quietly, and with a courage which is not too demonstrative. Cases are told, and some of them, probably, are true, and I have seen confirmations of them, which would make it very probable that an abiding gloom, or fear of death, or a foretelling of death, or an utter indifference to the result of the operation, are very bad states. But, after all, your estimate of the risks on any such grounds as these must be a vague one. A better sign is the capacity for sleep. If a patient can always sleep long at a time, that is a good patient. In one of the most perilous operations for hernia with which I have had to do, a case in which the hernia had been reduced *en bloc*, and in which its return was effected with considerable force, and disturbance of parts, I believe the patient owed his recovery more to his capacity for sleep than to anything else. He was a young bargeman, dull-witted and overworked; and in his ordinary life sleeping whenever he was neither working nor feeding. Shortly after the operation he went to sleep; and he slept sixteen hours out of the first twenty-four, and in a scarcely less proportion of his time for two or three days afterwards; and he recovered, although he had acute peritonitis, for which I thought it necessary to put on nearly a hundred leeches.

You may have to operate upon insane persons, and in them you will be able to confirm the rule that is established by the observation of all who attend them, that they bear pain and severe local injuries with less distress or ill consequences than the sane do; but that they recover with great difficulty from chronic ailments. Moreover, if you operate upon them, you must take all the risks of their interrupting their own re-

covery by some insane whim or violence. I lost a patient after an operation for hernia through her first insanely refusing all food, and then insanely drinking enormous quantities of fluid, which brought on sickness.

Delirium tremens is an indication of a complexity of risks. The man who has brought himself to this condition by hard drinking, unless indeed it be the result of extreme but rare intemperance, is in all the risks that belong to drunkards, and besides these, his restlessness will constantly increase the local danger of his wound. I would, therefore, never perform any large operation, except under compulsion, on a patient already the subject of delirium tremens. I can hardly imagine the serious accident of which the risk in such a patient would not be increased by any serious operation. But you are more likely to have to do with those patients when they become delirious after operations. In this case you must do the best you can for them, according to the general methods of treating the disease; of which general methods I will only say that the less you rely upon opium, and the more upon good food, the less you subject them to absolute restraint, and the more to quiet nursing, the better will be your chance of success.

Very rarely, patients become insane after operations or accidental injuries, just as women do after parturition. I long thought that the absence of anything like a parallel to puerperal mania was one of the few points in which the consequences of operations differ widely from those of parturition, with which, in many important characters, you know that they so closely agree. But within the last few years I have seen cases in which the parallel seemed to be completed. In one such case, within two days after a compound fracture of the leg, an elderly woman, who had never before shown signs of insanity, became maniacal with merriment and sleeplessness, and so died exhausted, the broken limb having apparently little influence upon her state. In another case of compound fracture the patient became insane within a few days of the injury, and so remained till nearly the time of her complete recovery. I have known a case in which religious mania ensued quickly after lithotomy, and another in which fatal acute mania followed erysipelas after a minor operation. Such events, however, are so rare that they need in no sort interfere with the judgment which you would form as to the propriety of any operation. Only under the strongest probability of insanity ensuing after it would the fear justify one in dissuading a patient from that which might be necessary for his health or life.

Of the nervous, the highly neuralgic, the over-sensitive, and those with over-active brains and spinal cords, I have already spoken.

To conclude these questions of the influence of diseases of organs and systems on the results of operations, let me say somewhat of certain conditions of the blood to which I have not yet referred; chiefly of anæmia. It is not a bad condition in which to operate, unless it be that, if anæmic patients fall into the risks of erysipelas or the like casualties, they are less likely to get out of them. Except for these risks, anæmic patients—who are best represented, perhaps, by those who have had large losses of blood from the uterus, or in frequent secondary hemorrhage from wounded arteries—pass well through these dangers. Their wounds heal slowly, but soundly; and they recover their health at least as well as any anæmic patients do. I say expressly, "secondary hemorrhage from wounded arteries." If you are dealing with a patient anæmic through secondary hemorrhage late after an amputation, you must not forget that the secondary hemorrhage itself implies some defect of the healing process, which may be due to some general unsoundness.

It is a general rule, and I dare say a prudent one, not to operate during menstruation. The best time for menstruating persons is believed to be within a few days after a menstrual period. I do not know the grounds upon which this belief rests; but they are just of that kind which it is at least prudent to respect, unless in cases of real necessity. Still I have seen no mischief occur in the few cases in which, by oversight or by necessity, I have operated either directly before or during a menstrual period. The cases have not been many, but in none of them has any mischief ensued. Not infrequently the occurrence of the first menstruation after an operation is attended with much more discomfort than the patient has commonly endured; and in those who are subject to menstrual distress, symptoms of general disturbance, enough to excite alarm, may be associated with it.

The probability of the advent of menstruation is therefore always to be considered in the case of anomalous symptoms after operations. And it may be well to mention that, after operations on the genital organs, it is by no means rare for the next menstruation to occur some days earlier than, in the ordinary course of events, it would have done.

As with menstruation, so, much more, during pregnancy, you would not willingly operate. And yet, with the exception of the danger of producing abortion, I know no facts that would imply a greater than the average risk; and if we may suppose a similarity between patients pregnant and those recently parturient, we may believe them comparatively safe. The repair of a rent perineum is as good an example of the healing of a bruised and lacerated wound as you could well find. And, altogether, the recovery of the enormous majority of parturient women from a condition which, in many respects, is so like that which follows surgical operations, may prove them very safe subjects. However, on this point pure surgical experience neither is nor can be very large. We can only say that, while, on the one hand, it would be mere recklessness to operate on such patients without good cause, yet, if good cause for operating exists, they may be treated very hopefully.

When women are suckling, they will bear operations with no more than the common risk that might attach to persons who may be in comparatively feeble health. The mere presence of lactation seems to have no bearing on the matter. But an exception must be made, I believe, for operations on the breast. I never did one, and if I can help it, never will; and to this conclusion I should have come even if I had not read of a case of fatal hemorrhage from a breast cut widely into during active lactation.

Now, I hardly need tell you that what I said is a mere sketch of a very large subject —far too large for me to complete. I would have you all work hard at it; and a help to your doing so will be to change the usual mode of taking cases in which operations are performed. Usually, the operation is nearly the end of the case; and the report of it is followed by a bare statement that the patient did well or ill. But, in most instances, after an operation an entirely new case begins; a case, not of disease, but of injury. Accordingly you should begin an entirely new record; and day by day you should set down all the events that follow the operation. Most of what I have told you is founded on the reports of a large number of cases which I have thus watched and recorded.

Of course, by this method of study you may gain knowledge of the highest importance in your practice. Not only may you improve yourselves in the treatment of patients after operations, but, by seeing how those with different constitutions or local diseases are differently affected by the operations, you may learn how to prepare them. Even from what I have said in these lectures you may see that there can be no one sufficient method of preparatory treatment; no single rule of purging or cramming, of starving or intemperance. The only single rule is, to put each patient into the best possible health for bearing injuries; and this, as I have said, is not always the best health for hard work or pleasure. If I may venture on a large general statement upon such a point, I will say that each man's capacity for bearing a surgical operation may be best measured by the power of his excretory organs in the circumstances in which the operation will place him. But the means of regulating this power, or of increasing it, must be as various as are the patients themselves. You must study the whole matter very carefully; and I hope I shall not have wasted either your time or my own if I shall have enabled you to start from the point which, after many years' work, I have reached.—*Lancet*, Aug. 24, 1867.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Long Island College Hospital.—Professors CHAPMAN, ENOS, and HUTCHISON have resigned their respective chairs in the above institution.

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Chicago Medical Journal.—Dr. J. ADAMS ALLEN, the present editor of this journal, announces that on and after the 1st of January ensuing, it will be issued *semi-monthly*, each number to contain thirty-two pages, and at the uniform rate of three

dollars a year in advance, or four dollars after six months.

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New Orleans Medical and Surgical Journal.—In the No. of this Journal for November of the present year, it is stated that "experience having fully established that the profession will not adequately support more than one first-class medical journal in this city [New Orleans], it has been decided to unite ours with the *Southern Journal of Medical Science*, and by this combination to form one journal." This new journal will be under the editorial management of Drs. S. M. Bemiss and W. S. Mitchell. We wish it all success.

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The Howard Ambulance.—A recent letter from Baron Larrey announces the awarding of the silver medal to Dr. Benjamin Howard, late U. S. A., now of New York city, by a unanimous vote of the international council, and requests drawings and descriptions which may be laid before the Academy and the Army Medical Boards, by the Inspector-in-Chief of the Medical Department of the Armies of France.—*Med. Record*, Nov. 15, 1867.

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Mongrel Association.—Misery, it is said, makes strange bedfellows. This has been strikingly illustrated lately in this city, where a meeting was held, it is stated, of "Alopathics, Homœopathics, and Eclectics," who, having amicably agreed to discard sectional names and adopt that simply of physicians and surgeons, formed themselves into an association, which, with characteristic modesty, they have styled "The National Medical Association of the United States of America."

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Obituary Record. — It is with deep regret that we record the death, after a brief illness, of our highly esteemed friend Worthington Hooker, M. D., Professor of the Practice of Medicine in Yale Medical Institution, which sad event took place at New Haven on the 6th of last month (November). Dr. Hooker was a scholar of extensive and varied acquirements, a lucid and practised writer, a skilful and judicious physician, and a genial, high-toned, honourable gentleman. For many years he was one of the leading spirits of the American Medical Association, and his reports made to that body on "Demonstrative Midwifery" and on "Medical Specialism," bear testimony to his elevated and just ethical doctrines, and do him credit for the firm stand he took to maintain the honour, dignity, and purity of our profession. He was also a contributor to the *American Journal of the Medical Sciences*, and was just completing a Review for the January No. when struck down by his last sickness. The community, no less than his family and friends, have sustained by his death an irreparable loss.

FOREIGN INTELLIGENCE.

Malarial Fungi.—The share borne by the spores of fungi in the etiology of certain diseases, both internal and external, as well as the suspicion commencing to attach to them as being at least the vehicle by means of which that protean poison, malaria gains entrance into the human frames have lately been the subject of numerous observations. We may remind our reader, that Dr. Salisbury drew attention to this subject in the *American Medical Journal* for July and October, 1862, in which he states that a disease analogous to measles, and known in the American army as "camp measles," can be traced to the influence of a certain form of fungus on the wheat straw used as bedding by the American soldiers. Dr. Henry Kennedy, in the *Dublin Quarterly Journal of Medical Science* for February, 1863, relates a case in which a disease in all respects resembling measles was produced in a young lad who had some fusty linseed meal thrown in his face, entering his eyes, nostrils, and mouth; and Mr. Spencer Wells also called attention to the same subject in an interesting communication published in this journal some time ago. Still more recently, during the late epidemic of malarious fever in the Mauritius, the presence of fungoid spores, identical with cryptogams found in the stagnant pools of Grand River and of *Petite Rivière*, throughout all the mucous surfaces and in most of the secretions of persons labouring under the disease, has been remarked upon by Dr. Henry Schmidt, of the Grand River Depôt Hospital, Mauritius; but whether they are the cause of the disease, as considered by Dr. Schmidt, or merely symptomatic of a depressed state of the vital powers, rendering the mucous surfaces more suitable to their re-

ception and nourishment, is a question which calls for thorough investigation.

Another idea suggests itself, that, if not the actual cause of malarious diseases, they may perform the very important part of vehicles for the conveyance of the morbific agent into the system. The importance of attaining full information on this point is at once obvious in connection with the problem of the prevention of disease, and its treatment by sulphurous acid and the sulphites, which, according to Dr. Schmidt, has lately been found very successful in the Mauritius, the experiment of so treating the disease having been suggested to him by Surgeon-Major Reid. It is well known that cryptogamic spores retain their vitality even when in an extremely desiccated state. In this condition they are wafted by the winds from their native fens and marshes, and with the air we breathe can enter our systems, there to undergo a process of development modified by the nature of the nutrition afforded them. They have themselves a remarkable tendency to a retrograde transition from the higher to the lower form of existence, and particularly affect those organisms, either living or dead, in which a similar tendency exists. A healthily acting well-toned frame has no affinity for them, and can successfully resist their advances, but it is far otherwise when the system is below par. They then effect a lodgment, and, besides going through their own process of development, they may introduce with them the more subtle and intangible germs of zymotic disease.

In "Notes on the Prevalence of Fungi at Jaffna during the Dry Season of 1866," by Staff Assistant-Surgeon Hugh D. Massy, in the last published volume of Reports of the Army Medical Department, we find much interesting information. Mr. Massy appears to be a zealous and painstaking observer, and he tells us that he has found that increased prevalence and intensity of intermittent fever coincided in point of time with experiments by which he had ascertained by microscopic observation the presence of aerial spores of mucor in unusual quantities during the dry season. He has detected similar organisms in almost all the specimens of the drinking water of the island which he has examined. He has also found them in the pus crusts and hairs taken from a form of ringworm known as *frombœsia*, and which selects as its site the neighbourhood of the anus, causing there a raised ulcerated surface, and associated with patches of *tinea circinnata* on various parts of the body. These ulcers near the anus are especially common among the poor badly nourished native children, and it is supposed that the spores may have been swallowed in the food or drink, and, escaping undigested from the rectum, lodge in the rugæ of the anal region, and, there becoming developed, may be disseminated, occasioning tinea in cases where they are favoured by the depressed vitality and uncleanly habits of the patient. It is worthy of remark that hitherto it had been the custom to treat this affection by the internal administration of iodide of mercury, but that, since it has been recognized as a form of tinea, the treatment has consisted in applying to the affected parts the vapour of sulphurous acid, obtained by burning a little sulphur in a cocoanut-shell, and letting the patient sit over it.

Mr. Massy states that he has detected fungus residue, torula spores, mycelia, and active vibriones in the urine of patients suffering from malarious fever—even, in some instances, to such an extent as to form inspissated masses, so as the eye of the catheter might be clogged by little fungous pellets. In one case they formed the nucleus of a small calculus. He has also found them in the perspiration, in the fæces, and on the mucous membrance of the mouth and tongue in the cases of sore tongue endemic in Ceylon.

He concludes his observations by a note, saying that "they had been brought to an abrupt conclusion by an outbreak of epidemic cholera, and it seemed probable that the widely diffused fungous elements were a cause of the spread of the disease by *conveying* the poison, while appropriating to their own nutrition the products of organic decomposition which contained it."—*Med. Times and Gaz.*, Nov. 9, 1867.

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Deaths from Chloroform.—M. Despres recently related the following case of this to the Paris Society of Surgery. A dressmaker, aged 19, having been put, on July 24, under chloroform for the removal of vegetations of the vulva without any ill consequence, was on August 14 placed in the horizontal position for the same purpose. Some chloroform was dropped on a compress so as to moisten it to the extent of a

five-franc piece, when it was held at a distance of three centimetres from the patient's mouth and nostrils. In less than half a minute she began to struggle, and the inhalation was suspended, although the pulse and respiration still continued good. Quite suddenly, however, she passed her urine, her face became highly congested, and the respiration was arrested. Artificial respiration and the other usual means were tried, and although a few respiratory movements were excited at intervals, death nevertheless occurred. The chloroform employed was quite pure. At the autopsy considerable pulmonary and cerebral congestion was found, and the heart was flaccid and large, its fibres, examined by the microscope, exhibiting a pretty advanced degree of fatty degeneration. The blood was found to contain too large a proportion of white globules, and at the bronchial bifurcation there were three glands very much hypertrophied, the largest reaching the size of a sheep's kidney and the other two that of a walnut. To the first of these the pneumogastric nerve adhered.

M. Broca related to the Society another case which had occurred in his practice at the St. Antoine. Joseph B., aged 17, entered the hospital to have a tumour of the neck removed which was supposed to be a deep-seated sebacean cyst adhering to the thyroidean membrane. On October 31, 1866, after the anterior surface of the tumour had been dissected, and the deep-seated part was about to be attacked, the patient, under the action of chloroform, struggled and vociferated so violently that the operation had to be suspended awhile. When he had become calmer, M. Broca requested his assistants to hold him while he performed the little that required to be done, but so greatly had his strength become augmented that it was with great struggling only that the operation could be finished. An enormous vein now gave forth its blood from the lower part of the wound, and while this was about to be tied, the patient bounded up from the bed, and freed himself from the hands of the operator and his assistants. The hemorrhage continued to increase, and after the attempts to tie the vessel had been several times defeated by the patient's violence, he was again put under the influence of chloroform. This vein, as large as a quill, was secured with some difficulty, owing to the fear of admitting the air; the patient breathed well and had a good pulse. The wound was about to be dressed, when, now several minutes after the inhalation of the chloroform had been suspended, the pupil having charge of the pulse declared that it had suddenly ceased to beat. Respiration still continued, but in a few instants it became slower, and then stopped. All the usual means were had recourse to, and, by galvanism, a few inspirations were induced; but these could not be maintained, and death was found to be complete. M. Broca believed at first that this fatal result was due to the introduction of air into the large vein rather than to the action of the chloroform; but the autopsy convinced him that this interpretation would not hold, for neither the heart nor the divisions of the pulmonary artery contained frothy blood. Neither was there any coagulum in either of the cavities of the heart. After the patient's death it was learned that he was subject to fainting fits, and that one of these had occurred during the ten days prior to the operation. He was also of intemperate habits.—*Med. Times and Gaz.*, Nov. 2, 1867.

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Bichloride of Methylene.—Dr. Richardson continues successfully to employ his new anæsthetic, the bichloride of methylene. He has given it with the best effect in two more cases of ovariotomy, and in a case of operation for vesico-vaginal fistula. All the three patients were operated on by Mr. Spencer Wells. The average time taken for the production of anæsthesia was four minutes, and in neither of the cases was any sickness produced. Dr. Richardson informs us that in carrying out his researches on the bichloride of methylene he has been led into a new inquiry—as to the condensing power of the pulmonary surface for gases and vapours. He believes that all gases and vapours which enter the blood by the lungs are condensed by the pulmonary surface into a liquid state previous to absorption, and this physiological result he finds in curious accordance with the facts brought to light by the experiments of Professor Graham on the condensation of gases by platinum and colloidal substances. If the condensing power of the lung be proved, it will afford an explanation of some interesting and difficult physiological problems.—*Med. T. and Gaz.*, Oct. 26, 1867.

Removal of Scapula and part of Clavicle for Malignant Disease.—Sir Wm. Fergusson, on Oct. 19th, performed this operation at King's College Hospital. The patient was a carpenter, who, two years ago, received a slight wound on the shoulder-blade. In course of time—whether in connection with this wound or not cannot be said—a tumour formed, enlarged, and gradually involved the whole bone, extending in front and to a certain extent implicating the humerus. The patient was recommended to come to this country, which he did, and was admitted into King's College Hospital, when Sir William, after careful examination, deemed it proper to perform the operation referred to rather than attempt the removal of the scapula alone. To this end he first cut down upon the clavicle, cut it across, thus setting the shoulder free and permitting free access to the artery for the purpose of compression. This was most beautifully done by Mr. Wood. Incisions were then made for the removal of the integument from the scapula itself, which, by a dextrous twist of the shoulder, was brought forward and separated from its attachment to the ribs from behind forwards. Finally, the necessary cut was made in front for the separation of the limb, and the removal was complete. The whole operation was performed with wonderful dexterity, and in almost less time than we have taken to describe it. Notwithstanding the magnitude of the operation, very little blood was lost—certainly not more than six ounces. Sir William performed a similar operation some two years ago on a young woman, who has since recovered most perfectly. Unfortunately in the present instance the success was not to be similar, for the patient sank and died on Monday.—*Med. Times and Gaz.*, Oct. 26, 1867.

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A Valuable Antiseptic.—If all that Mr. W. L. Scott claims for the bisulphite of lime be realized in practice, it is likely to be an agent of whose uses we may often avail ourselves in practice with advantage. He says:—

"Beef-tea or broth in hospitals or otherwise may be prevented from turning sour by stirring in a few drops of the bisulphite of lime solution to each pint of the soup; and the same plan will enable us to keep jellies, which ordinarily decompose so rapidly in the organic germ-laden air of the sick room, for many days unimpaired; these are, in my opinion, considerations of some moment in all circumstances, but most especially in the habitations of the poor. Clothes or matting, soaked in the same solution and hung up, act as disinfectants of the most effective kind, and do not exhale the peculiarly unpleasant odour of carbolic acid, or the irritating vapours, so distressing to the bronchial system, of chloride of lime. I have successfully employed the bisulphite of calcium for the preservation of numerous anatomical and other specimens, as it does its work perfectly, and without occasioning the great changes of colour and contraction of muscular structure so frequently produced by ordinary antiseptics; moreover, its special advantage over the preparations of mercury and arsenic lies, to my thinking, in the fact that it is not poisonous, and can therefore be handled with perfect safety. For ointments, a fluidrachm to each pound is quite sufficient to preserve them, while it has no injurious action whatever, and is quite compatible with the great majority of ointments and oily preparations—a remark which does not apply to the alkaline sulphites and bisulphites which have from time to time been brought forward for similar purposes."—*Brit. Med. Jl.*, Oct. 26, 1867.

Variation in Preparations of Opium.—Mr. Alfred Southall, of Birmingham, has examined a number of specimens of tincture of opium and *liquor opii sedativus* purchased indiscriminately from the establishment of various pharmaceutists. They show a variation of strength which, if it do not alarm the prescriber for the welfare of his patient—as it is suggested that it may well do—will show to physicians how very variable a weapon such a tincture is. The nine specimens of tincture examined, showed variations of from 0.2 per cent. of morphia to 0.7 per cent.; and, from the proved variations in the generality of good commercial opium, a tincture yielding from half to one per cent. of morphia is within the Pharmacopœia limits. Eight specimens of liquor opii sedativus showed variations ranging from 0 2 per cent. to 1 1 per cent. of morphia. The simple remedy lies in the substitution of the principal alkaloid morphia as an internal remedy for this uncertain drug opium.—*Ibid.*

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